



 Standard Formulary

MedPerform Medium

January, 2021



Copyright © 2020 MedImpact Healthcare Systems, Inc. All rights reserved.

This document is confidential and proprietary to MedImpact and contains material MedImpact may consider Trade Secrets. This document is intended for specified use by Business Partners of MedImpact under permission by MedImpact and may not otherwise be used, reproduced, transmitted, published, or disclosed to others without prior written authorization. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document.





MedPerform Medium Formulary

What is the standard formulary?

The MedImpact formulary is a list of covered drugs selected by physician and pharmacist subject matter experts who collaboratively support MedImpact's Pharmacy and Therapeutics (P&T) Committee. The plan will cover drugs listed in the formulary as long as the drug is indicated for the clinical condition, is prescribed in the appropriate manner, the prescription is filled at a participating network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Drugs may be added or deleted from the formulary during the year. If a drug is removed from the formulary, [or] adds prior authorization, quantity limits and/or step therapy restrictions on a drug or moves a drug to a higher cost-sharing tier], the plan will notify affected members of the change before the change becomes effective. If the Food and Drug Administration (FDA) deems a drug on the formulary to be unsafe or the drug's manufacturer removes the drug from the market, the plan will immediately remove the drug from the formulary.

Is member's medication included in the formulary?

There are 3 ways for a member to confirm their current medication is on their plan-specific formulary:

- **Drug Categories**
The drugs in this formulary are grouped into categories according to the types of medical conditions that they are used to treat.
- **Alphabetical Index Listing**
If the member is not sure what category to look under, the member should look for the drug in the Index. The Index provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. First, look in the Index and find the drug. Next to the drug, there is a page number where the member can find coverage information. Then turn to the page listed in the Index and find the name of the drug in the first column of the list on that page.
- **Website or Mobile App**
Drug search capability is on the MedImpact Consumer Portal (MedImpact.com), mobile app (available in Apple and Google apps store), or member plan's website.

What are generic drugs?

The plan covers both brand name and generic drugs provided they are prescribed per FDA approved indications and in accordance with the plans benefit design. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs. Generic drugs appear in the formulary listing with all lower-case letters and *italicized* (i.e. *terbutaline oral tablet 2.5 mg*). Brand drugs appear in formulary listing with all upper-case letters (i.e. DIPHEN ORAL ELIXIR 12.5 MG/5ML).

The contents of this page are confidential and proprietary to MedImpact and may include information MedImpact considers trade secrets. This page may not be reproduced, transmitted, published, or disclosed to others without prior written authorization.



MedImpact.com

Copyright © 2020 MedImpact Healthcare Systems, Inc. All rights reserved.



MedPerform Medium Formulary

Are there any restrictions on coverage of drugs on the formulary?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include: For certain drugs within the Formulary, a recommended prescribing guideline may apply. These guidelines are noted throughout the Formulary listing using the following symbols:

Symbol	Guideline	Description
AGE	Age Edit	Coverage depends on member age
PA	Prior Authorization	Requires specific physician request and clinical criteria process for prescription to dispense to member
QL	Quantity Limit	Prescription coverage quantity limits for specific drugs per prescription and/or time period
ST	Step Therapy	Coverage requires a trial of certain clinically appropriate alternative drug(s) before obtaining the prescribed drug.
SP	Specialty Drug	Coverage may require dispensing from a specialty pharmacy. Specialty copay/coinsurance applies according to benefit plan.

The member can find out if the drug has any additional requirements or limits by looking within the formulary.

The member can ask the plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat the health condition. See the section: "How does a member request an exception to the formulary?"

Tier Benefit Design

A tier benefit design is where a member is responsible for a portion of the cost of a prescription drug based on the drug's tier and copayment or coinsurance. Specialty drugs may be covered at a higher copay or coinsurance. Essential Health Benefit/Preventative Care medications, if available on the plan - will be covered without cost sharing (\$0 copay for members). An example of a formulary tier design:

- Tier 1: Generic medications
- Tier 2: Preferred brand medications (formulary agents)
- Tier 3: Non-preferred brand medications (non-formulary agents)

Are there general exclusions on the formulary?

Many members have specific benefit inclusions, exclusions, copayments, or a lack of coverage, which are reflected in other Plan Benefit Documents.

The Formulary applies only to outpatient drugs provided to members and does not apply to medications used in inpatient settings. If a member has any specific questions regarding their coverage, they should contact their plan. Examples of possible formulary and/or benefit exclusions include:

The contents of this page are confidential and proprietary to MedImpact and may include information MedImpact considers trade secrets. This page may not be reproduced, transmitted, published, or disclosed to others without prior written authorization.



[MedImpact.com](https://www.MedImpact.com)

Copyright © 2020 MedImpact Healthcare Systems, Inc. All rights reserved.



MedPerform Medium Formulary

- Over the Counter (OTC) medications or their equivalents, unless the plan offers coverage of OTC medications
- Drugs specifically listed as not covered
- Anti-Obesity drugs
- Medical food/nutritional supplements
- Non-Diabetic supplies/Diagnostic supplies/Ostomy supplies/Devices
- Disposable Needles & Syringes (Non-Insulin related)
- Any drug products used for cosmetic purposes.
- Experimental drug products or any drug product used in an experimental manner
- Repackaged drugs and institutional use drugs (e.g. hospital use)
- Lifestyle drugs (e.g. sexual dysfunction, infertility)
- Non self-administered injectable drug products unless otherwise specified in the Formulary listing

What if a drug is not on the Formulary?

If a drug is not included on the formulary, the member should contact the plan. If the member is informed that the plan does not cover the drug, the member has two options:

1. The member can ask the plan for a list of similar drugs that are covered by the plan. When the member receives the list, she/he should show it to the doctor and ask the doctor to prescribe a similar drug that is covered by the plan and is determined by the doctor to be an appropriate alternative drug.
2. The member can ask the plan to make an exception and cover the drug.

How does a member request an exception to the Formulary?

The member will need to contact the plan for details on how to file an exception request.

For more information

MedImpact encourages members to review the Summary Benefit Design, Evidence of Coverage, MedImpact Consumer Portal, or plan's website for more detailed PBM plan information.

The contents of this page are confidential and proprietary to MedImpact and may include information MedImpact considers trade secrets. This page may not be reproduced, transmitted, published, or disclosed to others without prior written authorization.



MedImpact.com

Copyright © 2020 MedImpact Healthcare Systems, Inc. All rights reserved.



MedImpact Healthcare Systems, Inc.

10181 Scripps Gateway Ct. San Diego, CA 92131
Phone: 800.788.2949

MedImpact.com

Copyright © 2020 MedImpact Healthcare Systems, Inc. All rights reserved.

This document is confidential and proprietary to MedImpact and contains material MedImpact may consider Trade Secrets. This document is intended for specified use by Business Partners of MedImpact under permission by MedImpact and may not otherwise be used, reproduced, transmitted, published, or disclosed to others without prior written authorization. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document.



Table of Contents

Allergy.....	3
Antiemesis/Antivertigo.....	6
Asthma And Copd.....	8
Autonomic Nervous System Disorders.....	19
Behavioral Health - Antidepressants.....	20
Behavioral Health - Other.....	23
Cardiovascular Disease - Arrhythmia.....	33
Cardiovascular Disease - Cardiac Stimulant.....	33
Cardiovascular Disease - Hypertension.....	34
Cardiovascular Disease - Lipid Irregularity.....	44
Cardiovascular Disease - Miscellaneous Agents.....	49
Cardiovascular Disease - Vasodilation.....	50
Contraception/Oxytocics.....	51
Cough And Cold.....	63
Dermatology - Acne.....	66
Dermatology - Antiinfective.....	70
Dermatology - Antiinflammatory.....	75
Dermatology - Miscellaneous.....	83
Dermatology - Psoriasis/Eczema.....	89
Diabetes.....	91
Ear - General Disorders.....	105
Electrolyte Regulation.....	106
Endocrine Disorder - Fertility.....	108
Endocrine Disorder - Other.....	110
Endocrine Disorder - Thyroid.....	114
Eye - General Disorders.....	116
Eye - Glaucoma.....	122
Eye - Miscellaneous.....	126
Fluid Replacement.....	126
Gout And Related Diseases.....	127
Hematological Disorders.....	127
Hormonal Deficiency.....	139
Immunization.....	142
Immunosuppression/Modulation.....	146
Infectious Disease - Bacterial.....	148
Infectious Disease - Fungal.....	155
Infectious Disease - Miscellaneous.....	156
Infectious Disease - Parasitic.....	158
Infectious Disease - Viral.....	159
Inflammatory Disease.....	166
Local Anesthesia.....	173
Lower Gastrointestinal Disorders - Bowel Inflammat.....	174
Lower Gastrointestinal Disorders - Other.....	176

Medical Supplies.....	178
Miscellaneous Agents.....	199
Neoplastic Disease.....	201
Neurological Disease - Miscellaneous.....	209
Oral/Pharyngeal Disorders.....	212
Other Drugs.....	212
Other Respiratory Disorders.....	225
Pain Management - Analgesics.....	226
Parkinsons Disease.....	240
Seizure Disorder.....	243
Skeletal Muscle Disorder.....	252
Smoking Cessation.....	253
Upper Gastrointestinal Disorders - Digestive.....	255
Upper Gastrointestinal Disorders - Spastic Disease.....	255
Upper Gastrointestinal Disorders - Ulcer Disease.....	256
Urinary Tract - Functional Disorders.....	259
Vaginal Disorders.....	262
Vitamin And/Or Mineral Deficiency.....	263
Weight Reduction.....	265

Drug	Status	Notes
Allergy		
2Nd Gen Antihistamine & Decongestant Combinations		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	Tier 3	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (2 EA per 1 day)
<i>fexofenadine-pseudoephedrine oral tablet extended release 24 hr 180-240 mg</i> (Allegra-D 24 Hour)	Tier 1	
SEMPREX-D ORAL CAPSULE 8-60 MG	Tier 3	
Allergenic Extracts, Therapeutics		
GRASTEK SUBLINGUAL TABLET 2,800 BAU	Tier 2	PA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6)	Tier 3	PA
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	Tier 2	PA; SP
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	Tier 2	PA; SP
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	Tier 2	PA; SP
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	Tier 2	PA; SP
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	Tier 2	PA; SP
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	Tier 2	PA; SP

Drug	Status	Notes
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	Tier 2	PA; SP
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	Tier 2	PA; SP
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	Tier 2	PA; SP
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	Tier 2	PA; SP
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	Tier 2	PA; SP
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	Tier 2	PA; SP
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	Tier 2	PA; SP
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	Tier 2	PA
Antihistamines - 1St Generation		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	Age (Min 2 Years)
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1	
DIPHEN ORAL ELIXIR 12.5 MG/5 ML	Tier 1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> (Vistaril)	Tier 1	

Drug	Status	Notes
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML	Tier 3	ST: Requires prior prescription for Carbinoxamine Maleate within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)	Tier 1	
<i>promethazine injection syringe 25 mg/ml</i>	Tier 1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
Antihistamines - 2Nd Generation		
<i>cetirizine oral solution 1 mg/ml</i> (All Day Allergy (cetirizine))	Tier 1	
<i>desloratadine oral tablet 5 mg</i> (Clarinx)	Tier 1	QL (1 EA per 1 day)
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (1 EA per 1 day)
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (10 ML per 1 day)
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	Tier 1	
Nasal Antihistamine		
<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	Tier 1	QL (60 ML per 30 days)
<i>azelastine nasal spray, non-aerosol 0.15 % (205.5 mcg)</i>	Tier 1	QL (60 ML per 30 days)
<i>olopatadine nasal spray, non-aerosol 0.6 %</i> (Patanase)	Tier 1	QL (30.5 GM per 30 days)

Drug	Status	Notes
Nasal Antihistamine & Anti-Inflam. Steroid Comb.		
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i> (Dymista)	Tier 1	ST: Requires prior prescription for Flunisolide (nasal formulation) or Fluticasone Propionate within the past 365 days; QL (23 GM per 30 days)
Nasal Anti-Inflammatory Steroids		
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	Tier 1	QL (25 ML per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	Tier 1	QL (16 GM per 30 days)
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i> (Nasonex)	Tier 1	QL (17 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	Tier 2	QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 2	QL (10.6 GM per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Tier 2	ST: Requires prior prescription for Flunisolide, Fluticasone Propionate, or Mometasone Furoate within the past 120 days; QL (32 ML per 30 days)
Antiemesis/Antivertigo		
Antiemetic, Cannabinoid-Type		
CESAMET ORAL CAPSULE 1 MG	Tier 3	ST: Requires prior prescription for Ondansetron HCL or Ondansetron within the past 120 days; QL (6 EA per 1 day)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	Tier 1	ST: Requires prior prescription for a 5HT3 antagonist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 3	ST: Requires prior prescription for Dronabinol or Megestrol Acetate within the past 120 days; QL (60 ML per 30 days)
Antiemetic/Antivertigo Agents		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Tier 2	QL (1 EA per 28 days)
<i>aprepitant oral capsule 125 mg</i>	Tier 1	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i> (Emend)	Tier 1	QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	Tier 1	QL (2 EA per 21 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	Tier 1	QL (3 EA per 21 days)
COMPRO RECTAL SUPPOSITORY 25 MG	Tier 1	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (drlec) 10-10 mg</i> (Diclegis)	Tier 1	QL (120 EA per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	Tier 2	QL (3 EA per 21 days)
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	ST: Requires prior prescription for Ondansetron HCL or Ondansetron within the past 120 days; QL (8 EA per 30 days)
<i>meclizine oral tablet 12.5 mg</i>	Tier 1	
<i>meclizine oral tablet 25 mg</i> (Dramamine Less Drowsy)	Tier 1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 1	QL (50 ML per 15 days)
<i>ondansetron hcl oral tablet 24 mg, 8 mg</i>	Tier 1	
<i>ondansetron hcl oral tablet 4 mg</i> (Zofran)	Tier 1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)	Tier 1	

Drug	Status	Notes
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	Tier 3	ST: Requires prior prescription for Ondansetron HCL or Ondansetron within the past 120 days; QL (1 EA per 7 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	Tier 1	
<i>trimethobenzamide oral capsule 300 mg</i> (Tigan)	Tier 1	
VARUBI ORAL TABLET 90 MG	Tier 3	QL (2 EA per 14 days)
Asthma And Copd		
Anticholinergic, Orally Inhaled Short Acting		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Tier 2	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	
Anticholinergics, Orally Inhaled Long Acting		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	Tier 2	QL (30 EA per 30 days)
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	Tier 3	QL (60 ML per 30 days)
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	Tier 3	QL (60 ML per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	Tier 2	QL (30 EA per 30 days)
Beta-Adrenergic Agents		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1	

Drug	Status	Notes
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 1	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	Tier 1	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	
Beta-Adrenergic Agents, Inhaled, Short Acting		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (ProAir HFA)	Tier 1	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	Tier 1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i> (Xopenex)	Tier 1	
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i> (Xopenex Concentrate)	Tier 1	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)	Tier 1	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	Tier 2	
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting		
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG	Tier 3	ST: Requires prior prescription for Serevent Diskus and Striverdi Respimat within the past 365 days; QL (1 EA per 1 day)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
Beta-Adrenergic Agents, Orally Inhaled, Long Acting		
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	Tier 3	QL (120 ML per 30 days)
PERFORMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	Tier 2	QL (120 ML per 30 days)

Drug	Status	Notes
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 2	QL (60 EA per 30 days)
Beta-Adrenergic And Anticholinergic Combinations		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 2	QL (60 EA per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Tier 2	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
Beta-Adrenergic And Glucocorticoid Combinations		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500- 50 MCG/DOSE	Tier 1	QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	Tier 2	QL (12 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	Tier 2	QL (60 EA per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION	Tier 2	QL (10.2 GM per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 80-4.5 MCG/ACTUATION	Tier 2	QL (40.8 GM per 30 days)
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	Tier 2	QL (10.7 GM per 30 days)

Drug	Status	Notes
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	Tier 2	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	Tier 2	QL (2 EA per 1 day)
Glucocorticoids, Orally Inhaled		
ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, Flovent HFA, Qvar Redihaler, or Qvar within the past 365 days; QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	Tier 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, Flovent HFA, Qvar Redihaler, or Qvar within the past 365 days; QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> (Pulmicort)	Tier 1	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort)	Tier 1	QL (60 ML per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 2	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	Tier 2	QL (120 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	Tier 2	QL (12 GM per 30 days)

Drug	Status	Notes
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	Tier 2	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	Tier 2	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	Tier 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, Flovent HFA, Qvar Redihaler, or Qvar within the past 365 days; QL (1 EA per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 2	QL (21.2 GM per 30 days)
Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	Tier 2	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 2	PA; SP
Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 2	PA; SP
Leukotriene Receptor Antagonists		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	Tier 1	
<i>montelukast oral tablet 10 mg</i> (Singulair)	Tier 1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	Tier 1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	Tier 1	
Mast Cell Stabilizers		
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	Tier 1	
Mast Cell Stabilizers, Orally Inhaled		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	

Drug	Status	Notes
Monoclonal Antibody - Interleukin-5 Antagonists		
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 2	PA; SP
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 2	PA; SP
Phosphodiesterase-4 (Pde4) Inhibitors		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	Tier 2	ST: Requires prior prescription for Breo Ellipta, Fluticasone Propion/salmeterol, Serevent Diskus, Spiriva Respimat, or Spiriva within the past 120 days; QL (1 EA per 1 day)
Respiratory Aids, Devices, Equipment		
ACE AEROSOL CLOUD ENHANCER SPACER	Tier 3	
AEROBIKA OSCILLATING PEP SYSTM DEVICE	Tier 3	
AEROCHAMBER MINI SPACER	Tier 3	
AEROCHAMBER MV SPACER	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER	Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER	Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER	Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER	Tier 3	
AEROCHAMBER PLUS Z STAT MD MSK SPACER	Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER	Tier 3	
AEROCHAMBER PLUS Z STAT SPACER	Tier 3	
AEROCHAMBER WITH FLOWSIGNAL SPACER	Tier 3	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	Tier 3	
AEROECLIPSE II NEBULIZER	Tier 3	
AEROGEAR ACTION ASTHMA KIT KIT	Tier 3	
AERONEB GO NEBULIZER	Tier 3	
AEROTRACH PLUS SPACER	Tier 3	
AEROVENT PLUS SPACER	Tier 3	
AIRS DISPOSABLE NEBULIZER	Tier 3	
ASTHMAPACK CHILDREN'S KIT	Tier 3	
AURA PORTANEB	Tier 3	
BREATHERITE MDI SPACER SPACER	Tier 3	
BREATHERITE SPACER-MASK, NEO. SPACER	Tier 3	
BREATHERITE SPACER-MASK,ADULT SPACER	Tier 3	
BREATHERITE SPACER-MASK,CHILD SPACER	Tier 3	
BREATHERITE SPACER- MASK,INFANT SPACER	Tier 3	
BREATHERITE SPACER- MASK,S.CHLD SPACER	Tier 3	
BREATHERITE VALVED MDI CHAMBER SPACER	Tier 3	
BREATHERITE VALVED MDI SPACER SPACER	Tier 3	
CLEVER CHOICE CHAMBER-LRG MASK SPACER	Tier 3	
CLEVER CHOICE CHAMBER-MED MASK SPACER	Tier 3	
CLEVER CHOICE CHAMBER-SM MASK SPACER	Tier 3	
CLEVER CHOICE NEBULIZER DEVICE	Tier 3	
CLEVER CHOICE WHISPER AIRE PED DEVICE	Tier 3	
COMPACT SPACE CHAMBER PLUS SPACER	Tier 3	
COMPACT SPACE CHAMBER SPACER	Tier 3	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
COMPACT SPACE CHAMBER-LRG MASK SPACER	Tier 3	
COMPACT SPACE CHAMBER-MED MASK SPACER	Tier 3	
COMPACT SPACE CHAMBER-SM MASK SPACER	Tier 3	
COMP-AIR NEBULIZER COMPRESSOR DEVICE	Tier 3	
DEVILBISS DISPOSABLE NEBULIZER	Tier 3	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE	Tier 3	
DEVILBISS PULMOMATE COMPRESSOR DEVICE	Tier 3	
DEVILBISS PULMONEB LT COMP-NEB DEVICE	Tier 3	
DEVILBISS TRAVELER COMPRESSOR DEVICE	Tier 3	
EASIVENT HOLDING CHAMBER SPACER	Tier 3	
EASIVENT MASK LARGE DEVICE	Tier 3	
EASIVENT MASK MEDIUM DEVICE	Tier 3	
EASIVENT MASK SMALL DEVICE	Tier 3	
EBASE CONTROLLER DEVICE	Tier 3	
FLEXICHAMBER SPACER	Tier 3	
FLEXICHAMBER-LG CHILD MASK DEVICE	Tier 3	
FLEXICHAMBER-SM ADULT MASK DEVICE	Tier 3	
FLEXICHAMBER-SM CHILD MASK DEVICE	Tier 3	
FLYP NEBULIZER	Tier 3	
HOME NEBULIZER PLUS SIDESTREAM DEVICE	Tier 3	
INNOSPIRE DELUXE DEVICE	Tier 3	
INNOSPIRE ELEGANCE DEVICE	Tier 3	
INNOSPIRE ESSENCE DEVICE	Tier 3	
INNOSPIRE GO NEBULIZER	Tier 3	
INNOSPIRE MINI DEVICE	Tier 3	
INSPIRACHAMBER SPACER	Tier 3	

MedPerform Medium Formulary

01/01/2021

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
INSPIRACHAMBER WITH MASK-LARGE SPACER	Tier 3	
INSPIRACHAMBER WITH MASK-MED SPACER	Tier 3	
INSPIRACHAMBER WITH MASK-SMALL SPACER	Tier 3	
LC PLUS	Tier 3	
LC PLUS NEBULIZER-PED MASK	Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE	Tier 3	
LITEAIRE MDI CHAMBER SPACER	Tier 3	
LITETOUCH-LARGE MASK DEVICE	Tier 3	
LITETOUCH-SMALL MASK DEVICE	Tier 3	
MICROAIR MESH NEBULIZER	Tier 3	
MICROCHAMBER SPACER	Tier 3	
MICROSPACER SPACER	Tier 3	
MINI PLUS NEBULIZER	Tier 3	
MINI WRIGHT PEAK FLOW METER DEVICE	Tier 3	
MISTASSIST KIT DEVICE	Tier 3	
MY MDI PORTABLE NEBULISER DEVICE	Tier 3	
OMBRA COMPRESSOR SYSTEM DEVICE	Tier 3	
OPTICHAMBER ADULT MASK-LARGE DEVICE	Tier 3	
OPTICHAMBER DIAMOND LG MASK SPACER	Tier 3	
OPTICHAMBER DIAMOND VHC SPACER	Tier 3	
OPTICHAMBER DIAMOND-MED MSK SPACER	Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER	Tier 3	
PARI SINUS AEROSOL SYSTEM DEVICE	Tier 3	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE	Tier 3	
PEDIATRIC DINOSAUR NEBULIZER DEVICE	Tier 3	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
PEDIATRIC DOG NEBULIZER DEVICE	Tier 3	
PEDIATRIC FROG NEBULIZER DEVICE	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE	Tier 3	
POCKET CHAMBER SPACER	Tier 3	
PORTABLE NEBULIZER SYSTEM DEVICE	Tier 3	
PRIMEAIRE SPACER	Tier 3	
PRO COMFORT SPACER-ADULT MASK SPACER	Tier 3	
PRO COMFORT SPACER-CHILD MASK SPACER	Tier 3	
PROCARE COMPRESSOR NEBULIZER DEVICE	Tier 3	
PROCARE PEDIATRIC NEBULIZER DEVICE	Tier 3	
PROCARE SPACER WITH ADULT MASK SPACER	Tier 3	
PROCARE SPACER WITH CHILD MASK SPACER	Tier 3	
PROCHAMBER SPACER	Tier 3	
PRODIGY MINI-MIST NEBULIZER	Tier 3	
PROVENT NASAL DEVICE	Tier 3	
PROVENT STARTER NASAL DEVICE	Tier 3	
PULMO-AIDE COMPRESSOR DEVICE	Tier 3	
PULMONEB LT COMPRESSOR NEBULIZER DEVICE	Tier 3	
QUAKE VIBRATORY PEP DEVICE	Tier 3	
RITEFLO AEROCHAMBER SPACER	Tier 3	
SAMI THE SEAL DEVICE	Tier 3	
SIDESTREAM	Tier 3	
SIDESTREAM NEBULIZER	Tier 3	
SIDESTREAM PLUS	Tier 3	
SILICONE MASK - INFANT DEVICE	Tier 3	
SINUSTAR AEROSOL DEVICE	Tier 3	
SOOTHENEB COMPRESSOR NEBULIZER DEVICE	Tier 3	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
SOOTHENE MESH NEBULIZER	Tier 3	
SPACE CHAMBER PLUS SPACER	Tier 3	
SPACE CHAMBER SPACER	Tier 3	
SPACE CHAMBER WITH LARGE MASK SPACER	Tier 3	
SPACE CHAMBER WITH MEDIUM MASK SPACER	Tier 3	
SPACE CHAMBER WITH SMALL MASK SPACER	Tier 3	
SUNRISE COMPRESSOR-NEBULIZER DEVICE	Tier 3	
THRESHOLD IMT TRAINER DEVICE	Tier 3	
THRESHOLD PEP DEVICE DEVICE	Tier 3	
TRUNE B NEBULIZER	Tier 3	
TRUZONE PEAK FLOW METER DEVICE	Tier 3	
VIXONE NEBULIZER	Tier 3	
VIXONE NEBULIZER-ADULT MASK	Tier 3	
VIXONE NEBULIZER-PEDIATRIC MSK	Tier 3	
WILLIS THE WHALE COMPRESSOR NEB DEVICE	Tier 3	
Xanthines		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 1	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	Tier 1	
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	Tier 2	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 300 MG	Tier 1	
<i>theophylline oral elixir 80 mg/15 ml</i> (Elixophyllin)	Tier 1	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 1	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Autonomic Nervous System Disorders		
Alzheimer's Therapy, Nmda Receptor Antagonists		
<i>memantine oral capsule, sprinkle, er 24hr</i> (Namenda XR) 14 mg, 21 mg, 28 mg, 7 mg	Tier 1	QL (30 EA per 30 days)
<i>memantine oral solution 2 mg/ml</i>	Tier 1	QL (300 ML per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i> (Namenda)	Tier 1	QL (60 EA per 30 days)
<i>memantine oral tablets, dose pack 5-10 mg</i> (Namenda Titration Pak)	Tier 1	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG	Tier 2	QL (28 EA per 28 days)
Alzheimer's Thx, Nmda Recept Antag & Cholines Inhib		
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	Tier 2	ST: At least 2 prior prescriptions for Donepezil HCL, Memantine HCL, or Namenda XR within the past 365 days; QL (28 EA per 28 days)
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Tier 2	ST: At least 2 prior prescriptions for Donepezil HCL, Memantine HCL, or Namenda XR within the past 365 days; QL (1 EA per 1 day)
Cholinesterase Inhibitors		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	Tier 1	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 1	
<i>galantamine oral capsule, ext rel. pellets</i> (Razadyne ER) 24 hr 16 mg, 24 mg, 8 mg	Tier 1	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	Tier 1	QL (200 ML per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon)	Tier 1	
<i>pyridostigmine bromide oral tablet 30 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	Tier 1	

Drug	Status	Notes
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	Tier 1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i> (Exelon)	Tier 1	QL (30 EA per 30 days)
Behavioral Health - Antidepressants		
Alpha-2 Receptor Antagonist		
Antidepressants		
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	Tier 1	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	Tier 1	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	Tier 1	
Antidepressant - Nmda Receptor Antagonist		
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	Tier 3	PA; SP
Maois - Non-Selective & Irreversible		
MARPLAN ORAL TABLET 10 MG	Tier 3	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	Tier 1	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	Tier 1	
Norepinephrine And Dopamine Reuptake Inhib (Ndris)		
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	Tier 1	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	Tier 1	
Selective Serotonin Reuptake Inhibitor (SsrIs)		
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	Tier 1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	Tier 1	

Drug	Status	Notes
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	Tier 1	
<i>fluoxetine oral capsule, delayed release(drlec) 90 mg</i>	Tier 1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>fluoxetine oral tablet 10 mg, 20 mg</i> (Sarafem)	Tier 1	
<i>fluoxetine oral tablet 60 mg</i>	Tier 1	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	Tier 1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	Tier 1	
PAXIL ORAL SUSPENSION 10 MG/5 ML	Tier 2	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	Tier 1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	Tier 1	
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	
Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	Tier 1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG	Tier 3	QL (1 EA per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 60 MG	Tier 3	QL (2 EA per 1 day)

Drug	Status	Notes
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	Tier 1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	Tier 2	QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Tier 2	QL (1 EA per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Effexor XR)	Tier 1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 1	
Ssri & 5Ht1a Partial Agonist Antidepressant		
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 2	QL (1 EA per 1 day)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	Tier 2	QL (1 EA per 1 day)
Ssri & Serotonin Receptor Modulator Antidepressant		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
Tricyclic Antidepressant/Benzodiazepine Combinatns		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	
Tricyclic Antidepressant/Phenothiazine Combinatns		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	
Tricyclic Antidepressants & Rel. Non-Sel. Ru-Inhib		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	

Drug	Status	Notes
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	Tier 1	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	Tier 1	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 1	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	Tier 1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Behavioral Health - Other		
Adrenergics, Aromatic, Non-Catecholamine		
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG	Tier 1	QL (1 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG	Tier 1	QL (2 EA per 1 day)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i> (Evekeo)	Tier 1	PA
<i>dextroamphetamine oral capsule, extended release 10 mg, 5 mg</i> (Dexedrine Spansule)	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine oral capsule, extended release 15 mg</i> (Dexedrine Spansule)	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine oral solution 5 mg/5 ml</i> (ProCentra)	Tier 1	QL (1800 ML per 30 days)
<i>dextroamphetamine oral tablet 10 mg</i> (Zenedi)	Tier 1	QL (180 EA per 30 days)
<i>dextroamphetamine oral tablet 5 mg</i> (Zenedi)	Tier 1	QL (90 EA per 30 days)

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	Tier 1	QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	Tier 3	ST: Requires prior prescription for Dextroamphetamine/amphetamine within the past 120 days; QL (240 ML per 30 days)
EVEKEO ODT ORAL TABLET,DISINTEGRATING 10 MG	Tier 3	ST: Requires prior prescription for Dextroamphetamine/amphetamine within the past 120 days; QL (4 EA per 1 day)
EVEKEO ODT ORAL TABLET,DISINTEGRATING 15 MG, 20 MG	Tier 3	ST: Requires prior prescription for Dextroamphetamine/amphetamine within the past 120 days; QL (2 EA per 1 day)
EVEKEO ODT ORAL TABLET,DISINTEGRATING 5 MG	Tier 3	ST: Requires prior prescription for Dextroamphetamine/amphetamine within the past 120 days; QL (8 EA per 1 day)
<i>methamphetamine oral tablet 5 mg</i> (Desoxyn)	Tier 1	QL (150 EA per 30 days)
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Tier 2	QL (1 EA per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 2	QL (1 EA per 1 day)
ZENZEDI ORAL TABLET 10 MG	Tier 1	QL (180 EA per 30 days)
ZENZEDI ORAL TABLET 15 MG	Tier 3	ST: Requires prior prescription for Dextroamphetamine Sulfate within the past 120 days; QL (3 EA per 1 day)

Drug	Status	Notes
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	Tier 3	ST: Requires prior prescription for Dextroamphetamine Sulfate within the past 120 days; QL (90 EA per 30 days)
ZENZEDI ORAL TABLET 20 MG, 30 MG	Tier 3	ST: Requires prior prescription for Dextroamphetamine Sulfate within the past 120 days; QL (2 EA per 1 day)
ZENZEDI ORAL TABLET 5 MG	Tier 1	QL (90 EA per 30 days)
Anti-Alcoholic Preparations		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	Tier 1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	
Anti-Anxiety - Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)	Tier 1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR)	Tier 1	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab)	Tier 1	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol)	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	Tier 1	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)	Tier 1	

Drug	Status	Notes
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg (Ativan)	Tier 1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	Tier 1	
Anti-Anxiety Drugs		
bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	
meprobamate oral tablet 200 mg, 400 mg	Tier 1	
Anti-Mania Drugs		
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 3	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	Tier 1	
lithium carbonate oral tablet 300 mg	Tier 1	
lithium carbonate oral tablet extended release 300 mg (Lithobid)	Tier 1	
lithium carbonate oral tablet extended release 450 mg	Tier 1	
lithium citrate oral solution 8 meq/5 ml	Tier 1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	Tier 2	
Anti-Narcolepsy & Anti-Cataplexy, Sedative-Type Agt		
XYREM ORAL SOLUTION 500 MG/ML	Tier 3	PA; SP
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Tier 3	PA; SP
Antipsych, Dopamine Antag., Diphenylbutylpiperidines		
pimozide oral tablet 1 mg, 2 mg	Tier 1	
Antipsychotic-Atypical, D3/D2 Partial Ag-5Ht Mixed		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 2	QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	Tier 2	QL (7 EA per 28 days)

Drug	Status	Notes
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed		
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Tier 3	PA; SP
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	QL (30 ML per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	Tier 1	QL (1 EA per 1 day)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	Tier 1	QL (2 EA per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	QL (1 EA per 1 day)
Antipsychotics, Dopamine & Serotonin Antagonists		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 2	SP
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
Antipsychotics, Atypical, Dopamine, & Serotonin Antag		
CAPLYTA ORAL CAPSULE 42 MG	Tier 3	QL (1 EA per 1 day)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	Tier 1	QL (3 EA per 1 day)
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	QL (3 EA per 1 day)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	QL (2 EA per 1 day)
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 3	QL (8 EA per 28 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	Tier 2	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	Tier 2	QL (60 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	Tier 1	QL (1 EA per 1 day)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	Tier 1	QL (1 EA per 1 day)

Drug	Status	Notes
<i>paliperidone oral tablet extended release</i> (Invega) 24hr 1.5 mg, 3 mg, 9 mg	Tier 1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release</i> (Invega) 24hr 6 mg	Tier 1	QL (2 EA per 1 day)
<i>quetiapine oral tablet 100 mg, 200 mg,</i> (Seroquel) <i>25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>quetiapine oral tablet extended release</i> (Seroquel XR) 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Tier 1	QL (1 EA per 1 day)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	Tier 1	QL (8 ML per 1 day)
<i>risperidone oral tablet 0.25 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>risperidone oral tablet 0.5 mg, 1 mg, 2</i> (Risperdal) <i>mg, 3 mg, 4 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>risperidone oral tablet, disintegrating 0.25</i> <i>mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	QL (2 EA per 1 day)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 2	QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	Tier 3	QL (1 EA per 1 day)
SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11)	Tier 3	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 3	QL (18 ML per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40</i> (Geodon) <i>mg, 60 mg, 80 mg</i>	Tier 1	QL (2 EA per 1 day)
Antipsychotics, Dopamine Antagonists, Thioxanthenes		
<i>thiothixene oral capsule 1 mg, 10 mg, 2</i> <i>mg, 5 mg</i>	Tier 1	
Antipsychotics, Dopamine Antagonists, Butyrophenones		
<i>haloperidol lactate oral concentrate 2</i> <i>mg/ml</i>	Tier 1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10</i> <i>mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	
Antipsychotics, Dopamine Antagonist, Dihydroindolones		
<i>molindone oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
<i>molindone oral tablet 25 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>molindone oral tablet 5 mg</i>	Tier 1	
Anti-Psychotics,Phenothiazines		
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Barbiturates		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
SECONAL SODIUM ORAL CAPSULE 100 MG	Tier 3	
Hsdd Agents-Mixed Serotonin Agonist/Antagonists		
ADDYI ORAL TABLET 100 MG	Tier 3	PA
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	Tier 3	PA
Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists		
HETLIOZ ORAL CAPSULE 20 MG	Tier 3	PA; SP
Menopausal Symptoms Suppressant - Ssris		
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i> (Brisdelle)	Tier 1	ST: Requires prior prescription for Paroxetine HCL, Paxil, or Venlafaxine HCL within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
Monoamine Oxidase(Mao) Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Tier 3	QL (1 EA per 1 day)
Narcolepsy And Sleep Disorder Therapy Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg (Nuvigil)	Tier 1	QL (1 EA per 1 day)
armodafinil oral tablet 50 mg (Nuvigil)	Tier 1	QL (3 EA per 1 day)
modafinil oral tablet 100 mg, 200 mg (Provigil)	Tier 1	QL (2 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 3	PA
Narcolepsy Tx-H3- Recept.Antagonist/Inverse Agonist		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 3	PA; SP
Narcotic Antagonists		
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	Tier 1	
naltrexone oral tablet 50 mg	Tier 1	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	Tier 2	QL (4 EA per 30 days)
Sedative-Hypnotics - Benzodiazepines		
estazolam oral tablet 1 mg, 2 mg	Tier 1	
flurazepam oral capsule 15 mg, 30 mg	Tier 1	
midazolam oral syrup 2 mg/ml	Tier 1	
quazepam oral tablet 15 mg (Doral)	Tier 1	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg (Restoril)	Tier 1	
triazolam oral tablet 0.125 mg	Tier 1	
triazolam oral tablet 0.25 mg (Halcion)	Tier 1	
Sedative-Hypnotics, Non-Barbiturate		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
doxepin oral tablet 3 mg, 6 mg (Silenor)	Tier 1	QL (1 EA per 1 day)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg (Lunesta)	Tier 1	QL (1 EA per 1 day)
ketamine sublingual troche 100 mg	Tier 1	

Drug	Status	Notes
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	Tier 1	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	Tier 1	QL (1 EA per 1 day)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i> (Intermezzo)	Tier 1	QL (1 EA per 1 day)
Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)		
NUPLAZID ORAL CAPSULE 34 MG	Tier 3	PA; SP
NUPLAZID ORAL TABLET 10 MG	Tier 3	PA; SP
Ssri &Antipsych,Atyp,Dopamine&Serotonin Antag Comb		
<i>olanzapine-fluoxetine oral capsule 12-25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i> (Symbyax)	Tier 1	QL (1 EA per 1 day)
Tx For Adhd - Selective Alpha-2A Receptor Agonist		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i> (Kapvay)	Tier 1	QL (120 EA per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	Tier 1	QL (1 EA per 1 day)
Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy		
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	Tier 1	QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG	Tier 1	QL (2 EA per 1 day)
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	Tier 3	ST: Requires prior prescription for Methylphenidate HCL, Quillivant XR, or Ritalin LA within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
<i>dexmethylphenidate oral capsule,er</i> (Focalin XR) <i>biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet 10 mg,</i> (Focalin) <i>2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral capsule, er</i> <i>biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er</i> <i>biphasic 30-70 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er</i> (Ritalin LA) <i>biphasic 50-50 10 mg, 20 mg, 40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er</i> (Ritalin LA) <i>biphasic 50-50 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er</i> <i>biphasic 50-50 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	Tier 1	
<i>methylphenidate hcl oral tablet 10 mg,</i> (Ritalin) <i>20 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Tier 3	QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	Tier 3	QL (2 EA per 1 day)
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	Tier 3	150mL BOTTLE; QL (300 ML per 30 days)

Drug	Status	Notes
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	Tier 1	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	Tier 1	QL (30 EA per 30 days)
Cardiovascular Disease - Arrhythmia		
Antiarrhythmics		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	Tier 1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	Tier 1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	Tier 1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	
MULTAQ ORAL TABLET 400 MG	Tier 2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	Tier 2	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	Tier 1	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i> (Rythmol SR)	Tier 1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	
Cardiovascular Disease - Cardiac Stimulant		
Adrenergic Agents,Catecholamines		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 1	
Digitalis Glycosides		
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	Tier 1	

Drug	Status	Notes
DIGOX ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	Tier 1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Tier 2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	Tier 1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	Tier 2	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	Tier 3	
Cardiovascular Disease - Hypertension		
Ace Inhibitor/Calcium Channel Blocker Combination		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> (Lotrel)	Tier 1	
<i>amlodipine-benazepril oral capsule 2.5-10 mg</i>	Tier 1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg</i>	Tier 1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 2-180 mg, 2-240 mg, 4-240 mg</i> (Tarka)	Tier 1	
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	Tier 1	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	Tier 1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	Tier 1	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
<i>quinapril-hydrochlorothiazide oral tablet</i> (Accuretic) 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	
Alpha/Beta-Adrenergic Blocking Agents		
<i>carvedilol oral tablet</i> 12.5 mg, 25 mg, 3.125 mg, 6.25 mg (Coreg)	Tier 1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i> 10 mg, 20 mg, 40 mg, 80 mg (Coreg CR)	Tier 1	
<i>labetalol oral tablet</i> 100 mg, 200 mg, 300 mg	Tier 1	
Alpha-Adrenergic Blocking Agents		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	Tier 3	
<i>doxazosin oral tablet</i> 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	Tier 1	
<i>phenoxybenzamine oral capsule</i> 10 mg (Dibenzyline)	Tier 1	PA; SP
<i>prazosin oral capsule</i> 1 mg, 2 mg, 5 mg (Minipress)	Tier 1	
<i>terazosin oral capsule</i> 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb		
<i>amlodipine-valsartan-hcthiazid oral tablet</i> (Exforge HCT) 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	Tier 1	
<i>olmesartan-amlodipin-hcthiazid oral tablet</i> (Tribenzor) 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	Tier 1	
Angiotensin Receptor Antag./Thiazide Diuretic Comb		
<i>candesartan-hydrochlorothiazid oral tablet</i> (Atacand HCT) 16-12.5 mg, 32-12.5 mg, 32-25 mg	Tier 1	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Tier 2	
<i>irbesartan-hydrochlorothiazide oral tablet</i> (Avalide) 150-12.5 mg, 300-12.5 mg	Tier 1	
<i>losartan-hydrochlorothiazide oral tablet</i> (Hyzaar) 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 1	

Drug	Status	Notes
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	Tier 1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	Tier 1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	Tier 1	
Angiotensin Receptor Antgnst & Calc.Channel Blockr		
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	Tier 1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	Tier 1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i> (Twynsta)	Tier 1	
Antihypertensives, Ace Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	Tier 1	
<i>benazepril oral tablet 5 mg</i>	Tier 1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	Tier 1	
EPANED ORAL SOLUTION 1 MG/ML	Tier 3	ST: Requires prior prescription for Enalapril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>lisinopril oral tablet 10 mg, 20 mg</i> (Prinivil)	Tier 1	
<i>lisinopril oral tablet 2.5 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	Tier 1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	

Drug	Status	Notes
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 3	ST: Requires prior prescription for Lisinopril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	Tier 1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	Tier 1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
Antihypertensives, Angiotensin Receptor Antagonist		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	Tier 1	
EDARBI ORAL TABLET 40 MG, 80 MG	Tier 2	
<i>eprosartan oral tablet 600 mg</i>	Tier 1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	Tier 1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	Tier 1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	Tier 1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	Tier 1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	Tier 1	
Antihypertensives, Ganglionic Blockers		
VECAMYL ORAL TABLET 2.5 MG	Tier 3	PA
Antihypertensives, Miscellaneous		
DEMSEER ORAL CAPSULE 250 MG	Tier 3	
<i>metyrosine oral capsule 250 mg</i> (Demser)	Tier 1	
Antihypertensives, Sympatholytic		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> (Catapres)	Tier 1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	Tier 1	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	Tier 1	

Drug	Status	Notes
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	Tier 1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 1	
Antihypertensives, Vasodilators		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	Tier 1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Tier 2	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 3	ST: Requires prior prescription for generic Propranolol oral solution within the past 120 days if 1 year of age and older; QL (360 ML per 30 days)
KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	Tier 3	
LEVATOL ORAL TABLET 20 MG	Tier 3	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	Tier 1	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	Tier 1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	

Drug	Status	Notes
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	Tier 1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	Tier 1	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	Tier 1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (Sorine)	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 3	QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol HCL within the past 120 days
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
Beta-Adrenergic Blocking Agents/Thiazide & Related		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	Tier 1	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	Tier 1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> (Ziac)	Tier 1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg</i> (Lopressor HCT)	Tier 1	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	Tier 1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Tier 1	
Calcium Channel Blocking Agents		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	Tier 1	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG	Tier 3	

Drug	Status	Notes
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	Tier 1	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	Tier 3	PA
<i>diltiazem hcl oral capsule,ext.rel 24h</i> (DILT-XR) <i>degradable 120 mg, 180 mg, 240 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended</i> <i>release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended</i> (Taztia XT) <i>release 24 hr 120 mg, 180 mg, 240 mg,</i> <i>300 mg, 360 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended</i> (Tiadyt ER) <i>release 24 hr 420 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended</i> (Cartia XT) <i>release 24hr 120 mg, 180 mg, 240 mg,</i> <i>300 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended</i> (Cardizem CD) <i>release 24hr 360 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg,</i> (Cardizem) <i>60 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet 90 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet extended release</i> (Matzim LA) <i>24 hr 180 mg, 240 mg, 300 mg, 360 mg,</i> <i>420 mg</i>	Tier 1	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	Tier 1	
<i>felodipine oral tablet extended release</i> <i>24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1	
KATERZIA ORAL SUSPENSION 1 MG/ML	Tier 3	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	Tier 1	
<i>nifedipine oral capsule 10 mg</i> (Procardia)	Tier 1	
<i>nifedipine oral capsule 20 mg</i>	Tier 1	

Drug	Status	Notes
<i>nifedipine oral tablet extended release</i> (Procardia XL) 24hr 30 mg, 60 mg, 90 mg	Tier 1	
<i>nifedipine oral tablet extended release</i> (Adalat CC) 30 mg, 60 mg, 90 mg	Tier 1	
<i>nimodipine oral capsule</i> 30 mg	Tier 1	
<i>nisoldipine oral tablet extended release</i> (Sular) 24 hr 17 mg, 34 mg, 8.5 mg	Tier 1	
<i>nisoldipine oral tablet extended release</i> 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg	Tier 1	
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	Tier 3	PA; SP
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	Tier 1	
TIADYL T ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1	
<i>verapamil oral capsule, 24 hr er pellet ct</i> (Verelan PM) 100 mg, 200 mg, 300 mg	Tier 1	
<i>verapamil oral capsule,ext rel. pellets</i> 24 (Verelan) hr 120 mg, 180 mg, 240 mg, 360 mg	Tier 1	
<i>verapamil oral tablet</i> 120 mg, 40 mg, 80 mg	Tier 1	
<i>verapamil oral tablet extended release</i> (Calan SR) 120 mg, 180 mg, 240 mg	Tier 1	
Loop Diuretics		
<i>bumetanide oral tablet</i> 0.5 mg, 1 mg, 2 mg	Tier 1	
<i>ethacrynic acid oral tablet</i> 25 mg (Edecrin)	Tier 1	
<i>furosemide oral solution</i> 10 mg/ml, 40 mg/5 ml (8 mg/ml)	Tier 1	
<i>furosemide oral tablet</i> 20 mg, 40 mg, 80 mg (Lasix)	Tier 1	
<i>toremide oral tablet</i> 10 mg, 100 mg, 20 mg, 5 mg	Tier 1	
Potassium Sparing Diuretics		
<i>amiloride oral tablet</i> 5 mg	Tier 1	

Drug	Status	Notes
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	Tier 1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	Tier 1	
<i>triamterene oral capsule 100 mg, 50 mg</i> (Dyrenium)	Tier 1	
Potassium Sparing Diuretics In Combination		
ALDACTAZIDE ORAL TABLET 50-50 MG	Tier 3	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> (Aldactazide)	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> (Dyazide)	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg)	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)	Tier 1	
Pulm Anti-Htn, Soluble Guanylate Cyclase Stimulator		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 2	PA; SP
Pulm. Anti-Htn, Sel. C-Gmp Phosphodiesterase T5 Inhib		
ALYQ ORAL TABLET 20 MG	Tier 1	PA; SP
<i>sildenafil (pulm. hypertension) oral suspension for reconstitution 10 mg/ml</i> (Revatio)	Tier 1	PA; SP
<i>sildenafil (pulm. hypertension) oral tablet 20 mg</i> (Revatio)	Tier 1	PA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)	Tier 1	PA; SP; QL (1 EA per 5 days)
Pulmonary Anti-Htn, Endothelin Receptor Antagonist		
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	Tier 1	PA; SP
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	Tier 1	PA; SP
OPSUMIT ORAL TABLET 10 MG	Tier 2	PA; SP
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Tier 2	PA; SP

Drug	Status	Notes
Pulmonary Antihypertensives, Prostacyclin-Type		
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 2	PA; SP
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	Tier 1	PA; SP
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 3	PA; SP
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 3	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 3	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 3	PA; SP
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 2	PA; SP
UPTRAVI ORAL TABLETS, DOSE PACK 200 MCG (140)- 800 MCG (60)	Tier 2	PA; SP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Tier 3	PA; SP
Renin Inhibitor, Direct		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	Tier 1	
Renin Inhibitor, Direct/Thiazide Diuretic Comb		
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	Tier 3	
Thiazide And Related Diuretics		
<i>chlorothiazide oral tablet 500 mg</i>	Tier 1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5 ML	Tier 3	

Drug	Status	Notes
hydrochlorothiazide oral capsule 12.5 mg	Tier 1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
indapamide oral tablet 1.25 mg, 2.5 mg	Tier 1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
Vasodilators, Combination		
BIDIL ORAL TABLET 20-37.5 MG	Tier 2	
Cardiovascular Disease - Lipid Irregularity		
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib		
ezetimibe-simvastatin oral tablet 10-10 mg (Vytorin 10-10)	Tier 1	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-20 mg (Vytorin 10-20)	Tier 1	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-40 mg (Vytorin 10-40)	Tier 1	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-80 mg (Vytorin 10-80)	Tier 1	ST: Requires prior prescription for Simvastatin within the past 365 days; QL (1 EA per 1 day)
Antihyperlipidemic - Atp Citrate Lyase Inhibitor		
NEXLETOL ORAL TABLET 180 MG	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
Antihyperlipidemic - Hmg Coa Reductase Inhibitors		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	Tier 3	ST: At least 2 prior prescriptions for Altoprev, Atorvastatin Calcium, Ffolidip, Lovastatin, Pravastatin Sodium, or Simvastatin within the past 365 days; QL (1 EA per 1 day)

Drug	Status	Notes
<i>atorvastatin oral tablet 10 mg, 20 mg</i> (Lipitor)	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>atorvastatin oral tablet 40 mg, 80 mg</i> (Lipitor)	Tier 1	QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Tier 3	QL (1 EA per 1 day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)	Tier 3	PA
<i>fluvastatin oral capsule 20 mg, 40 mg</i> (Lescol)	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ST: At least 2 prior prescriptions for Altoprev, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin within the past 365 days; QL (2 EA per 1 day)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ST: At least 2 prior prescriptions for Altoprev, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin within the past 365 days; QL (1 EA per 1 day)

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 2	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>pravastatin oral tablet 10 mg, 80 mg</i>	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>pravastatin oral tablet 20 mg, 40 mg</i> (Pravachol)	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i> (Crestor)	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i> (Crestor)	Tier 1	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
<i>simvastatin oral tablet 5 mg</i>	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin oral tablet 80 mg</i> (Zocor)	Tier 1	ST: Requires prior prescription for Ezetimibe/Simvastatin within the past 365 days; QL (1 EA per 1 day)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	Tier 3	ST: Requires prior prescription for Livalo within the past 120 days; QL (1 EA per 1 day)
Antihyperlipidemic - Mtp Inhibitor		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	Tier 2	PA; SP
Antihyperlipidemic - Pcsk9 Inhibitors		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
Antihyperlipidemic-Acly And Choles Absorp Inhib		
NEXLIZET ORAL TABLET 180-10 MG	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days

Drug	Status	Notes
Bile Salt Sequestrants		
<i>cholestyramine (with sugar) oral powder 4 gram</i> (Questran)	Tier 1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	Tier 1	
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	Tier 1	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	Tier 1	
COLESTID FLAVORED ORAL PACKET 7.5 GRAM	Tier 3	
<i>colestipol oral granules 5 gram</i> (Colestid)	Tier 1	
<i>colestipol oral packet 5 gram</i> (Colestid)	Tier 1	
<i>colestipol oral tablet 1 gram</i> (Colestid)	Tier 1	
PREVALITE ORAL POWDER 4 GRAM	Tier 1	
PREVALITE ORAL POWDER IN PACKET 4 GRAM	Tier 1	
Lipotropics		
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	Tier 1	QL (1 EA per 1 day)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	Tier 1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i> (Lipofen)	Tier 1	
<i>fenofibrate oral tablet 120 mg, 40 mg</i> (Fenoglide)	Tier 1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier 1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> (Trilipix)	Tier 1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibracor)	Tier 1	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	Tier 1	
<i>niacin oral tablet 500 mg</i> (Niacor)	Tier 1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> (Niaspan Extended-Release)	Tier 1	
NIACOR ORAL TABLET 500 MG	Tier 1	

Drug	Status	Notes
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	Tier 1	QL (4 EA per 1 day)
VASCEPA ORAL CAPSULE 0.5 GRAM	Tier 2	QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM	Tier 2	QL (4 EA per 1 day)
Cardiovascular Disease - Miscellaneous Agents		
Adrenergic Vasopressor Agents		
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	Tier 3	PA; SP
Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 2	QL (2 EA per 1 day)
Antianginal & Anti-Ischemic Agents, Non-Hemodynamic		
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i> (Ranexa)	Tier 1	QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i> (Ranexa)	Tier 1	QL (120 EA per 30 days)
Antianginal, Heart Rate Reducing, I(F) Inhibitor		
CORLANOR ORAL SOLUTION 5 MG/5 ML	Tier 2	QL (20 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Tier 2	QL (2 EA per 1 day)
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	Tier 1	QL (1 EA per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	Tier 1	QL (1 EA per 1 day)
Protein Stabilizers		
VYNDAMAX ORAL CAPSULE 61 MG	Tier 3	PA; SP
VYNDAQEL ORAL CAPSULE 20 MG	Tier 3	PA; SP

Drug	Status	Notes
Cardiovascular Disease - Vasodilation		
Vasodilators, Coronary		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 1	
DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE 40 MG	Tier 3	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	Tier 1	
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	Tier 1	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	Tier 1	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i> (ISOCHRON)	Tier 1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 1	
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	Tier 1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	Tier 1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Minitran)	Tier 1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)	Tier 1	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY	Tier 3	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG	Tier 1	
Vasodilators, Peripheral		
<i>ergoloid oral tablet 1 mg</i>	Tier 1	
<i>isoxsuprine oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>papaverine injection solution 30 mg/ml</i>	Tier 1	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Contraception/Oxytocics		
Contraceptives, Intravaginal, Systemic		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	\$0	ST: Requires prior prescription for Nuvaring within the past 120 days; QL (1 EA per 365 days)
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	\$0	QL (1 EA per 28 days)
<i>etonogestrel-ethinyl estradiol vaginal ring (EluRyng) 0.12-0.015 mg/24 hr</i>	\$0	QL (1 EA per 28 days)
Contraceptives, Implantable		
NEXPLANON SUBDERMAL IMPLANT 68 MG	\$0	QL (1 EA per 365 days)
Contraceptives, Injectable		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	\$0	QL (0.65 ML per 84 days)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml (Depo-Provera)</i>	\$0	QL (1 ML per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml (Depo-Provera)</i>	\$0	QL (1 ML per 84 days)
Contraceptives, Intravaginal		
GYNOL II VAGINAL GEL 3 %	\$0	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	\$0	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	\$0	
VAGINAL CONTRACEPTIVE FOAM VAGINAL FOAM 12.5 %	\$0	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	\$0	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	\$0	
Contraceptives, Oral		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	\$0	
AFTERA ORAL TABLET 1.5 MG	\$0	
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	\$0	

MedPerform Medium Formulary

01/01/2021

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0	
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0	
AMETHIA LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	\$0	QL (91 EA per 84 days)
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	\$0	QL (91 EA per 84 days)
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	\$0	
APRI ORAL TABLET 0.15-0.03 MG	\$0	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0	
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	\$0	QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	\$0	
AUBRA ORAL TABLET 0.1-20 MG-MCG	\$0	
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0	
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0	
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	\$0	
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0	
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0	
AVIANE ORAL TABLET 0.1-20 MG-MCG	\$0	
AYUNA ORAL TABLET 0.15-0.03 MG	\$0	
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/36.5 MG(7)	\$0	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days; QL (28 EA per 28 days)
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	\$0	
BEKYREE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0	
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	\$0	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0	
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	\$0	
CAMILA ORAL TABLET 0.35 MG	\$0	
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	\$0	QL (91 EA per 84 days)
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	\$0	QL (91 EA per 84 days)
CAZIAN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	\$0	
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	\$0	
CHATEAL (28) ORAL TABLET 0.15-0.03 MG	\$0	
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	\$0	
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	\$0	
CYCLAFEM 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0	
CYCLAFEM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0	

Drug	Status	Notes
CYRED EQ ORAL TABLET 0.15-0.03 MG	\$0	
CYRED ORAL TABLET 0.15-0.03 MG	\$0	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0	
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0	
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	\$0	QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG	\$0	
<i>desog-e.estradiolle.estradiol oral tablet</i> (Azurette (28)) 0.15-0.02 mgx21 10.01 mg x 5	\$0	
<i>drospirenone-e.estradiol-lm.fa oral tablet</i> (Beyaz) 3-0.02-0.451 mg (24) (4)	\$0	
<i>drospirenone-e.estradiol-lm.fa oral tablet</i> (Tydemy) 3-0.03-0.451 mg (21) (7)	\$0	
<i>drospirenone-ethinyl estradiol oral tablet</i> (Gianvi (28)) 3-0.02 mg	\$0	
<i>drospirenone-ethinyl estradiol oral tablet</i> (Ocella) 3-0.03 mg	\$0	
ECONTRA EZ ORAL TABLET 1.5 MG	\$0	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	\$0	
ELINEST ORAL TABLET 0.3-30 MG-MCG	\$0	
ELLA ORAL TABLET 30 MG	\$0	
EMOQUETTE ORAL TABLET 0.15-0.03 MG	\$0	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	\$0	
ENSKYCE ORAL TABLET 0.15-0.03 MG	\$0	
ERRIN ORAL TABLET 0.35 MG	\$0	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	\$0	
<i>ethynodiol diac-eth estradiol oral tablet</i> (Kelnor 1/35 (28)) 1-35 mg-mcg	\$0	

Drug	Status	Notes
<i>ethynodiol diac-eth estradiol oral tablet</i> (Kelnor 1-50 (28)) 1-50 mg-mcg	\$0	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	\$0	
FAYOSIM ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	\$0	
FEMYNOR ORAL TABLET 0.25-35 MG- MCG	\$0	
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	\$0	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days
GIANVI (28) ORAL TABLET 3-0.02 MG	\$0	
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	\$0	
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0	
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0	
HAILEY ORAL TABLET 1.5-30 MG- MCG	\$0	
HEATHER ORAL TABLET 0.35 MG	\$0	
INCASSIA ORAL TABLET 0.35 MG	\$0	
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	\$0	QL (91 EA per 84 days)
ISIBLOOM ORAL TABLET 0.15-0.03 MG	\$0	
JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	\$0	QL (91 EA per 84 days)
JASMIEL (28) ORAL TABLET 3-0.02 MG	\$0	
JENCYCLA ORAL TABLET 0.35 MG	\$0	
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	\$0	QL (91 EA per 84 days)
JULEBER ORAL TABLET 0.15-0.03 MG	\$0	
JUNEL 1.5/30 (21) ORAL TABLET 1.5- 30 MG-MCG	\$0	

Drug	Status	Notes
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0	
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	\$0	
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	\$0	
KALLIGA ORAL TABLET 0.15-0.03 MG	\$0	
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0	
KELNOR 1-50 (28) ORAL TABLET 1-50 MG-MCG	\$0	
KURVELO (28) ORAL TABLET 0.15-0.03 MG	\$0	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> (Amethia Lo)	\$0	QL (91 EA per 84 days)
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> (Fayosim)	\$0	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Amethia)	\$0	QL (91 EA per 84 days)
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0	
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0	
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	\$0	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0	
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
LARISSIA ORAL TABLET 0.1-20 MG-MCG	\$0	
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	\$0	
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0	
LESSINA ORAL TABLET 0.1-20 MG-MCG	\$0	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	\$0	
<i>levonorgestrel oral tablet 1.5 mg</i> (Aftera)	\$0	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> (Afirmelle)	\$0	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i> (Altavera (28))	\$0	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i> (Amethyst (28))	\$0	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (Introvale)	\$0	QL (91 EA per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse)	\$0	
LEVORA-28 ORAL TABLET 0.15-0.03 MG	\$0	
LILLOW (28) ORAL TABLET 0.15-0.03 MG	\$0	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	\$0	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	\$0	QL (91 EA per 84 days)
LORYNA (28) ORAL TABLET 3-0.02 MG	\$0	
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	\$0	
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	\$0	

Drug	Status	Notes
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	\$0	
LYZA ORAL TABLET 0.35 MG	\$0	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	\$0	
MELODETTA 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	\$0	
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	\$0	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0	
MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	\$0	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0	
MILI ORAL TABLET 0.25-35 MG-MCG	\$0	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	\$0	
MY CHOICE ORAL TABLET 1.5 MG	\$0	
MY WAY ORAL TABLET 1.5 MG	\$0	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	\$0	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0	
NEW DAY ORAL TABLET 1.5 MG	\$0	
NIKKI (28) ORAL TABLET 3-0.02 MG	\$0	
NORA-BE ORAL TABLET 0.35 MG	\$0	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i> (Wymzya Fe)	\$0	

Drug	Status	Notes
noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4) (Kaitlib Fe)	\$0	
norethindrone (contraceptive) oral tablet 0.35 mg (Camila)	\$0	
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg (Aurovela 1.5/30 (21))	\$0	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg (Aurovela 1/20 (21))	\$0	
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4) (Gemmily)	\$0	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7) (Aurovela Fe 1-20 (28))	\$0	
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7) (Aurovela Fe 1.5/30 (28))	\$0	
norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4) (Charlotte 24 Fe)	\$0	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg (Tri-Lo-Estarylla)	\$0	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28) (Tri Femynor)	\$0	
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg (Estarylla)	\$0	
NORLYDA ORAL TABLET 0.35 MG	\$0	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	\$0	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0	
OCELLA ORAL TABLET 3-0.03 MG	\$0	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	\$0	
OPTION-2 ORAL TABLET 1.5 MG	\$0	

Drug	Status	Notes
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	\$0	
PHILITH ORAL TABLET 0.4-35 MG-MCG	\$0	
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0	
PIRMELLA ORAL TABLET 0.5/0.75/1 MG- 35 MCG, 1-35 MG-MCG	\$0	
PORTIA 28 ORAL TABLET 0.15-0.03 MG	\$0	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	\$0	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	\$0	
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	\$0	
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	\$0	QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG	\$0	
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0	
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	\$0	QL (91 EA per 84 days)
SLYND ORAL TABLET 4 MG (28)	\$0	ST: Requires prior prescription for a generic contraceptive within the past 120 days; QL (28 EA per 28 days)
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	\$0	
SRONYX ORAL TABLET 0.1-20 MG-MCG	\$0	
SYEDA ORAL TABLET 3-0.03 MG	\$0	
TAKE ACTION ORAL TABLET 1.5 MG	\$0	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	\$0	

Drug	Status	Notes
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0	
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0	
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	\$0	
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0	
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	\$0	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0	
TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0	
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	\$0	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0	
TULANA ORAL TABLET 0.35 MG	\$0	
TYBLUME ORAL TABLET 0.1-20 MG-MCG	\$0	
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	\$0	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG- MCG	\$0	
VIENVA ORAL TABLET 0.1-20 MG- MCG	\$0	
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0	
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	\$0	
VYLIBRA ORAL TABLET 0.25-35 MG- MCG	\$0	
WERA (28) ORAL TABLET 0.5-35 MG- MCG	\$0	
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG- 35MCG(21) AND 75 MG (7)	\$0	
ZARAH ORAL TABLET 3-0.03 MG	\$0	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	\$0	
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	\$0	
ZUMANDIMINE (28) ORAL TABLET 3- 0.03 MG	\$0	
Contraceptives, Transdermal		
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	Tier 3	QL (3 EA per 28 days)
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	\$0	QL (3 EA per 28 days)
Diaphragms/Cervical Cap		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	\$0	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	\$0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	\$0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	\$0	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	\$0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	\$0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	\$0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	\$0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	\$0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	\$0	
Oxytocics		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	Tier 3	
<i>methylergonovine oral tablet 0.2 mg</i> (Methergine)	Tier 1	QL (28 EA per 30 days)
PREPIDIL VAGINAL GEL 0.5 MG/3 G	Tier 3	
PROSTIN E2 VAGINAL SUPPOSITORY 20 MG	Tier 3	
Cough And Cold		
1St Gen Antihistamine & Decongestant Combinations		
<i>promethazine-phenylephrine oral syrup</i> (Promethazine VC) <i>6.25-5 mg/5 ml</i>	Tier 1	
1St Gen Antihist-Decongest- Anticholinergic Comb		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	Tier 1	
Antitussives,Non-Narcotic		
<i>benzonatate oral capsule 100 mg</i> (Tessalon Perles)	Tier 1	
<i>benzonatate oral capsule 150 mg, 200 mg</i>	Tier 1	
Narcotic Antituss-1St Gen. Antihistamine-Decongest		
CAPCOF ORAL LIQUID 2-5-10 MG/5 ML	Tier 3	Age (Min 12 Years)
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	Tier 3	Age (Min 12 Years)

Drug	Status	Notes
MAR-COF BP ORAL LIQUID 2-30-7.5 MG/5 ML	Tier 1	Age (Min 12 Years)
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	Tier 3	Age (Min 12 Years)
M-END PE ORAL LIQUID 1.33-3.33-6.33 MG/5 ML	Tier 3	Age (Min 12 Years)
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	Tier 3	Age (Min 12 Years)
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
RYDEX ORAL LIQUID 1.3-10-6.3 MG/5 ML	Tier 1	Age (Min 12 Years)
Narcotic Antituss-Decongestant-Expectorant Comb		
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	Tier 3	Age (Min 12 Years)
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
VIRTUSSIN DAC ORAL SYRUP 30-10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
Narcotic Antitussive-1St Generation Antihistamine		
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	Tier 1	QL (10 ML per 1 day); Age (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR 10-8 MG	Tier 3	QL (2 EA per 1 day); Age (Min 18 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	Tier 3	ST: Requires prior prescription for Promethazine HCL/codeine within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)

Drug	Status	Notes
TUZISTRA XR ORAL SUSPENSION,EXTENDED REL 12 HR 14.7-2.8 MG/5 ML	Tier 3	ST: At least 2 prior prescriptions for Montelukast Sodium, Promethazine HCL/codeine, or Zafirlukast within the past 365 days; QL (200 ML per 10 days); Age (Min 18 Years)
Z-TUSS AC ORAL LIQUID 2-9 MG/5 ML	Tier 3	Age (Min 12 Years)
Narcotic Antitussive-Anticholinergic Comb.		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i> (Hydromet)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
HYDROMET ORAL SYRUP 5-1.5 MG/5 ML	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
Narcotic Antitussive-Expectorant Combination		
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i> (G Tussin AC)	Tier 1	Age (Min 12 Years)
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	Tier 1	Age (Min 12 Years)
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
GUAIATUSSIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	Tier 1	Age (Min 12 Years)
MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
M-CLEAR WC ORAL LIQUID 6.3-100 MG/5 ML	Tier 3	Age (Min 12 Years)
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	Tier 1	Age (Min 12 Years)

Drug	Status	Notes
OBREDON ORAL SOLUTION 2.5-200 MG/5 ML	Tier 3	ST: Requires prior prescription for Hydrocodone/Homatropine Methylbromide within the past 120 days; QL (600 ML per 10 days); Age (Min 18 Years)
VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
Non-Narc Antituss-1St Gen. Antihistamine-Decongest		
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	Tier 1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i> (Bromfed DM)	Tier 1	
Non-Narc Antitussive-1St Gen Antihistamine Comb.		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 1	
Nose Preparations, Vasoconstrictors (Rx)		
<i>epinephrine hcl nasal solution 1 mg/ml</i> (Adrenalin)	Tier 1	
TYZINE NASAL DROPS 0.1 %	Tier 3	
TYZINE NASAL SPRAY, NON-AEROSOL 0.1 %	Tier 3	
Dermatology - Acne		
Acne Agents, Systemic		
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	Tier 1	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 40 mg</i> (Amnesteem)	Tier 1	
<i>isotretinoin oral capsule 30 mg</i> (Claravis)	Tier 1	
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	

Drug	Status	Notes
Acne Agents, Topical		
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i> (Epiduo)	Tier 1	Age (Max 25 Years)
<i>adapalene-benzoyl perox-niacin topical gel 0.3-2.5-4 %</i>	Tier 1	
<i>adapalene-benzoyl-clindamycin topical gel 0.3-2.5-1 %</i>	Tier 1	
<i>azelaic acid-niacinamide topical cream 15-4 %</i>	Tier 1	
AZELEX TOPICAL CREAM 20 %	Tier 3	
<i>benzoyl per-clindamycin-niacin topical gel 2.5-1-4 %, 5-1-4 %</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i> (Neuac)	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i> (Benzacilin)	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i> (Acanya)	Tier 1	
<i>clindamycin-niacinamide topical gel 1-4 %</i>	Tier 1	
<i>clindamycin-niacinamide topical lotion 1-4 %</i>	Tier 1	
<i>dapsone topical gel 5 %</i> (Aczone)	Tier 1	
<i>dapsone topical gel with pump 7.5 %</i> (Aczone)	Tier 1	
<i>dapsone-niacinamide topical gel 6-4 %, 8.5-4 %</i>	Tier 1	
<i>dapsone-spirolactone-niacin topical gel 6-5-2 %, 8.5-5-2 %</i>	Tier 1	
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	Tier 2	Age (Max 25 Years)
NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 %	Tier 1	
ONEXTON TOPICAL GEL 1.2 %(1 % BASE) -3.75 %	Tier 3	
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 %	Tier 2	
<i>salicylic acid-sulfacetamide topical suspension 2-8 %, 5-10 %</i>	Tier 1	

Drug	Status	Notes
<i>spironolactone-niacinamide topical gel 5-4 %</i>	Tier 1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	Tier 1	
<i>tretinoin-benzoyl-clinda-niac topical gel 0.025-2.5-1-2 %, 0.025-5-1-2 %, 0.05-5-1-2 %</i>	Tier 1	
<i>tretinoin-clindamycin-niacin topical cream 0.025-1-4 %</i>	Tier 1	
<i>tretinoin-clinda-spiron-niacin topical gel 0.025-1-2-4 %</i>	Tier 1	
<i>tretinoin-hyaluronate-niacin topical cream 0.025-0.5-4 %, 0.05-0.5-4 %, 0.1-0.5-4 %</i>	Tier 1	
<i>tretinoin-niacinamide topical cream 0.025-4 %, 0.05-4 %</i>	Tier 1	
<i>tretinoin-niacinamide topical gel 0.025-4 %, 0.05-4 %</i>	Tier 1	
<i>tretinoin-spironolact-niacin topical gel 0.025-5-2 %, 0.05-5-2 %</i>	Tier 1	
Keratolytic-Glucocorticoid Combinations		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	Tier 2	
Rosacea Agents, Topical		
<i>azelaic acid topical gel 15 %</i> (Finacea)	Tier 1	
FINACEA TOPICAL FOAM 15 %	Tier 2	
<i>ivermectin-metronidazol-niacin topical gel 1-1-4 %</i>	Tier 1	
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	Tier 1	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	Tier 1	
<i>metronidazole topical gel 1 %</i> (Metrogel)	Tier 1	
<i>metronidazole topical gel with pump 1 %</i>	Tier 1	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	Tier 1	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	Tier 3	
RHOFADE TOPICAL CREAM 1 %	Tier 3	
ROSADAN TOPICAL CREAM 0.75 %	Tier 1	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
SOOLANTRA TOPICAL CREAM 1 %	Tier 3	ST: Requires prior prescription for Azelaic Acid or Finacea within the past 120 days
Topical Preparations, Antibacterials		
ALA-QUIN TOPICAL CREAM 3-0.5 %	Tier 3	
BASADROX TOPICAL GEL IN PACKET	Tier 3	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %	Tier 3	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	Tier 1	
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i> (Vytone)	Tier 1	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	Tier 3	
IODOSORB TOPICAL GEL 0.9 %	Tier 3	
LUGOLS TOPICAL SOLUTION 5-10 %	Tier 1	
NORMLGEL AG TOPICAL GEL 0.11 %	Tier 3	
<i>silver nitrate topical solution 0.5 %, 25 %, 50 %</i>	Tier 1	
STRONG IODINE TOPICAL SOLUTION 5-10 %	Tier 1	
Vitamin A Derivatives		
<i>adapalene topical cream 0.1 %</i> (Differin)	Tier 1	Age (Max 25 Years)
<i>adapalene topical gel 0.1 %</i> (Effaclar Adapalene)	Tier 1	Age (Max 25 Years)
<i>adapalene topical gel 0.3 %</i> (Differin)	Tier 1	Age (Max 25 Years)
<i>adapalene topical gel with pump 0.3 %</i> (Differin)	Tier 1	Age (Max 25 Years)
<i>adapalene topical lotion 0.1 %</i> (Differin)	Tier 1	Age (Max 25 Years)
AKLIEF TOPICAL CREAM 0.005 %	Tier 3	Age (Max 25 Years)
ALTRENO TOPICAL LOTION 0.05 %	Tier 3	Age (Max 25 Years)
AVITA TOPICAL CREAM 0.025 %	Tier 1	Age (Max 25 Years)
AVITA TOPICAL GEL 0.025 %	Tier 1	Age (Max 25 Years)
DIFFERIN TOPICAL LOTION 0.1 %	Tier 3	Age (Max 25 Years)
EFFACLAR ADAPALENE TOPICAL GEL 0.1 %	Tier 1	Age (Max 25 Years)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	Tier 3	Age (Max 25 Years)
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i> (Retin-A Micro)	Tier 1	Age (Max 25 Years)

Drug	Status	Notes
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i> (Retin-A Micro Pump)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical cream 0.025 %</i> (Avita)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical gel 0.025 %</i> (Avita)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical gel 0.05 %</i> (Atralin)	Tier 1	Age (Max 25 Years)
TRETIN-X CREAM KIT TOPICAL COMBO PACK 0.025 %, 0.05 %, 0.1 %	Tier 3	Age (Max 25 Years)
TRETIN-X TOPICAL CREAM 0.075 %	Tier 3	Age (Max 25 Years)
Vitamin A Derivatives, Topical Acne Agents		
<i>tazarotene-niacinamide topical cream 0.05-4 %, 0.1-4 %</i>	Tier 1	
Dermatology - Antiinfective		
Topical Antibiotics		
CENTANY AT TOPICAL OINTMENT KIT 2 %	Tier 3	
<i>clindamycin phosphate topical foam 1 %</i> (Evoclin)	Tier 1	
<i>clindamycin phosphate topical gel 1 %</i>	Tier 1	
<i>clindamycin phosphate topical gel, once daily 1 %</i> (Clindagel)	Tier 1	ST: Requires prior prescription for Clindamycin Phosphate within the past 120 days
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	Tier 1	
<i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)	Tier 1	QL (180 ML per 1 FILL)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	Tier 1	
ERY PADS TOPICAL SWAB 2 %	Tier 1	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	Tier 1	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)	Tier 1	
<i>gentamicin topical cream 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>gentamicin topical ointment 0.1 %</i>	Tier 1	
<i>mupirocin calcium topical cream 2 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>mupirocin topical ointment 2 %</i> (Centany)	Tier 1	

Drug	Status	Notes
<i>mupirocin-lidocaine topical ointment 2-2 %</i>	Tier 1	
XEPI TOPICAL CREAM 1 %	Tier 3	ST: Requires prior prescription for Mupirocin within the past 120 days
Topical Antifungal/Anti-inflammatory, Steriod Agent		
<i>ciclopirox-clobetasol topical shampoo 0.77-0.05 %</i>	Tier 1	
<i>ciclopirox-clobetasol-salicyl topical shampoo 0.77-0.05-3 %</i>	Tier 1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 1	
<i>ketoconazole-hydrocortisone topical cream 2-2.5 %</i>	Tier 1	
Topical Antifungal-Antibiotic-Anti-Inflamm Steroid		
<i>ketoconazole-iodoquinol-hc topical cream 2-1-2.5 %</i>	Tier 1	
Topical Antifungals		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	Tier 3	
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	Tier 1	QL (180 GM per 1 FILL)
<i>ciclopirox topical gel 0.77 %</i>	Tier 1	
<i>ciclopirox topical shampoo 1 %</i> (Loprox)	Tier 1	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	Tier 1	QL (19.8 ML per 1 FILL)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	Tier 1	QL (180 ML per 1 FILL)
<i>ciclopirox-salicylic acid topical shampoo 0.77-2 %</i>	Tier 1	
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i> (Ciclodan Kit)	Tier 1	QL (19.8 ML per 1 FILL)
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	Tier 1	
<i>clotrimazole topical solution 1 %</i>	Tier 1	
<i>econazole topical cream 1 %</i>	Tier 1	QL (170 GM per 1 FILL)
<i>econazole-niacinamide topical cream 1-4 %</i>	Tier 1	

Drug	Status	Notes
ECOZA TOPICAL FOAM 1 %	Tier 3	
EXELDERM TOPICAL CREAM 1 %	Tier 2	
EXELDERM TOPICAL SOLUTION 1 %	Tier 2	
EXODERM TOPICAL LOTION 25-1 %	Tier 1	
<i>flucona-ibuprof-itracon-terbin topical solution 4-2-1-4 %</i>	Tier 1	
KERYDIN TOPICAL SOLUTION WITH APPLICATOR 5 %	Tier 3	PA
<i>ketoconazole topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>ketoconazole topical shampoo 2 %</i>	Tier 1	QL (360 ML per 1 FILL)
<i>ketoconazole-niacinamide topical cream 2-4 %</i>	Tier 1	
KETODAN KIT TOPICAL COMBO PACK 2 %	Tier 3	
<i>luliconazole topical cream 1 %</i> (Luzu)	Tier 1	ST: Requires prior prescriptions for Clotrimazole and Ketoconazole within the past 365 days; QL (60 GM per 28 days)
MENTAX TOPICAL CREAM 1 %	Tier 3	
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i> (Vusion)	Tier 1	
<i>naftifine topical cream 1 %</i>	Tier 1	
<i>naftifine topical cream 2 %</i> (Naftin)	Tier 1	QL (180 GM per 1 FILL)
<i>naftifine topical gel 1 %</i> (Naftin)	Tier 1	
NAFTIN TOPICAL GEL 2 %	Tier 2	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	Tier 1	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	Tier 1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	Tier 1	
<i>oxiconazole topical cream 1 %</i> (Oxistat)	Tier 1	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 %	Tier 3	
<i>sulconazole topical cream 1 %</i> (Exelderm)	Tier 1	
<i>sulconazole topical solution 1 %</i> (Exelderm)	Tier 1	
<i>tavaborole topical solution with applicator 5 %</i> (Kerydin)	Tier 1	PA
Topical Antiparasitics		
<i>lindane topical shampoo 1 %</i>	Tier 1	
<i>malathion topical lotion 0.5 %</i> (Ovide)	Tier 1	
<i>permethrin topical cream 5 %</i> (Elimite)	Tier 1	
SKLICE TOPICAL LOTION 0.5 %	Tier 3	
<i>spinosad topical suspension 0.9 %</i> (Natroba)	Tier 1	
ULESFIA TOPICAL LOTION 5 %	Tier 3	
Topical Antivirals		
<i>acyclovir topical ointment 5 %</i> (Zovirax)	Tier 1	
Topical Pleuromutilin Derivatives		
ALTABAX TOPICAL OINTMENT 1 %	Tier 3	ST: Requires prior prescription for Mupirocin within the past 120 days
Topical Sulfonamides		
AVAR LS TOPICAL FOAM 10-2 %	Tier 3	
AVAR LS TOPICAL PADS, MEDICATED 10-2 %	Tier 3	
AVAR TOPICAL PADS, MEDICATED 9.5-5 %	Tier 3	
BP 10-1 TOPICAL CLEANSER 10-1 %	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 %	Tier 1	
<i>mafenide acetate topical packet 50 gram</i> (Sulfamylon)	Tier 1	
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	Tier 3	
ROSANIL TOPICAL CLEANSER 10-5 % (W/W)	Tier 3	QL (1419 GM per 1 FILL)
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 %	Tier 1	

Drug	Status	Notes
ROSULA TOPICAL CLEANSER 10-4.5 %	Tier 3	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	Tier 1	
SSD TOPICAL CREAM 1 %	Tier 1	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W)	Tier 1	
SSS 10-5 TOPICAL FOAM 10-5 %	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i> (Avar LS)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> (Rosanil)	Tier 1	QL (1419 GM per 1 FILL)
<i>sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %</i> (Plexion)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i> (Sumaxin)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4.5 %</i> (Sumadan)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %</i> (Avar-E LS)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i> (SSS 10-5)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 9.8-4.8 %</i> (Plexion)	Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %</i> (Plexion)	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i> (Sumaxin)	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	Tier 1	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 1	QL (1419 ML per 1 FILL)
<i>sulfacetamide-niacinamide topical cream 10-4 %</i>	Tier 1	
<i>sulfacetamide-sulfur-cleansr23 topical kit 9-4.5 %</i> (Sumadan)	Tier 1	
SULFAMYLON TOPICAL CREAM 85 MG/G	Tier 3	

Drug	Status	Notes
SULFAMYLDON TOPICAL PACKET 50 GRAM	Tier 3	
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25	Tier 3	
Dermatology - Antiinflammatory		
Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib		
EUCRISA TOPICAL OINTMENT 2 %	Tier 2	
Topical Antibiotics/Antiinflammatory,Steroidal		
CORTISPORIN TOPICAL CREAM 3.5-10,000-0.5 MG/G-UNIT/G-%	Tier 2	
CORTISPORIN TOPICAL OINTMENT 1 %	Tier 2	
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	ST: At least 2 prior prescriptions for Bacitracin Zinc, Bacitracin, Capex Shampoo, Fluocinolone Acetonide, Iluvien, Retisert, or Yutiq within the past 365 days
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	ST: At least 2 prior prescriptions for Bacitracin Zinc, Bacitracin, Capex Shampoo, Fluocinolone Acetonide, Iluvien, Retisert, or Yutiq within the past 365 days
Topical Anti-Inflammatory Steroidal		
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %	Tier 1	
ALA-CORT TOPICAL CREAM 1 %	Tier 1	
ALA-SCALP TOPICAL LOTION 2 %	Tier 1	
<i>alclometasone topical cream 0.05 %</i>	Tier 1	
<i>alclometasone topical ointment 0.05 %</i>	Tier 1	
<i>amcinonide topical cream 0.1 %</i>	Tier 1	
<i>amcinonide topical lotion 0.1 %</i>	Tier 1	
AQUA GLYCOLIC HC TOPICAL COMBO PACK 2 %	Tier 3	

Drug	Status	Notes
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 1	
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)	Tier 1	
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 1	
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	Tier 1	
CAPEX TOPICAL SHAMPOO 0.01 %	Tier 3	
<i>clobetasol scalp solution 0.05 %</i>	Tier 1	
<i>clobetasol topical cream 0.05 %</i> (Temovate)	Tier 1	
<i>clobetasol topical foam 0.05 %</i> (Olux)	Tier 1	
<i>clobetasol topical gel 0.05 %</i>	Tier 1	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol topical ointment 0.05 %</i> (Temovate)	Tier 1	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol topical spray,non-aerosol 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 1	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	Tier 1	
<i>clobetasol-levocetirizine topical shampoo 0.05-2 %</i>	Tier 1	
<i>clobetasol-niacinamide topical cream 0.05-4 %</i>	Tier 1	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
<i>clobetasol-niacinamide topical ointment 0.05-4 %</i>	Tier 1	
<i>clobetasol-niacinamide topical solution 0.05-4 %</i>	Tier 1	
<i>clocortolone pivalate topical cream 0.1 % (Cloderm)</i>	Tier 1	
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 %	Tier 3	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Tier 3	ST: Requires prior prescription for Betamethasone Augmented (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, or Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (2 EA per 30 days)
CORDRAN TOPICAL CREAM 0.025 %	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
DESONATE TOPICAL GEL 0.05 %	Tier 3	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>desonide topical cream 0.05 %</i> (DesOwen)	Tier 1	

Drug	Status	Notes
<i>desonide topical gel 0.05 %</i> (Desonate)	Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>desonide topical lotion 0.05 %</i> (DesOwen)	Tier 1	
<i>desonide topical ointment 0.05 %</i>	Tier 1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	Tier 1	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	Tier 1	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	Tier 1	
<i>desoximetasone topical spray, non-aerosol 0.25 %</i> (Topicort)	Tier 1	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days
<i>desoximetasone-niacinamide topical ointment 0.05-4 %</i>	Tier 1	
<i>fluocinolone and shower cap scalp oil 0.01 %</i> (Derma-Smoothe/FS Scalp Oil)	Tier 1	
<i>fluocinolone topical cream 0.01 %</i>	Tier 1	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	Tier 1	
<i>fluocinolone topical oil 0.01 %</i> (Derma-Smoothe/FS Body Oil)	Tier 1	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	Tier 1	
<i>fluocinolone topical solution 0.01 %</i> (Synalar)	Tier 1	

Drug	Status	Notes
<i>fluocinolone-niacinamide topical cream</i> 0.01-4 %, 0.025-4 %	Tier 1	
<i>fluocinonide topical cream 0.05 %</i>	Tier 1	
<i>fluocinonide topical cream 0.1 %</i> (Vanos)	Tier 1	
<i>fluocinonide topical gel 0.05 %</i>	Tier 1	
<i>fluocinonide topical ointment 0.05 %</i>	Tier 1	
<i>fluocinonide topical solution 0.05 %</i>	Tier 1	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	Tier 1	
<i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E)	Tier 1	
<i>flurandrenolide topical cream 0.05 %</i> (Cordran)	Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>flurandrenolide topical lotion 0.05 %</i> (Cordran)	Tier 1	
<i>flurandrenolide topical ointment 0.05 %</i> (Cordran)	Tier 1	
<i>fluticasone propionate topical cream 0.05 %</i> (Cutivate)	Tier 1	
<i>fluticasone propionate topical lotion 0.05 %</i> (Beser)	Tier 1	
<i>fluticasone propionate topical ointment 0.005 %</i>	Tier 1	
<i>halcinonide topical cream 0.1 %</i> (Halog)	Tier 1	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days

Drug	Status	Notes
<i>halobetasol propionate topical cream</i> 0.05 %	Tier 1	
<i>halobetasol propionate topical ointment</i> 0.05 %	Tier 1	
HALOG TOPICAL OINTMENT 0.1 %	Tier 3	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
HALOG TOPICAL SOLUTION 0.1 %	Tier 3	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
<i>hydrocortisone butyrate topical cream</i> 0.1 %	Tier 1	
<i>hydrocortisone butyrate topical lotion 0.1 %</i> (Locoid)	Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
<i>hydrocortisone butyrate topical ointment</i> 0.1 %	Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>hydrocortisone butyrate topical solution</i> 0.1 %	Tier 1	
<i>hydrocortisone butyr-emollient topical cream</i> 0.1 % (Locoid Lipocream)	Tier 1	
<i>hydrocortisone topical cream</i> 1 % (Ala-Cort)	Tier 1	
<i>hydrocortisone topical cream</i> 2.5 %	Tier 1	
<i>hydrocortisone topical cream with perineal applicator</i> 1 % (Procto-Pak)	Tier 1	
<i>hydrocortisone topical cream with perineal applicator</i> 2.5 % (Procto-Med HC)	Tier 1	
<i>hydrocortisone topical lotion</i> 2.5 %	Tier 1	
<i>hydrocortisone topical ointment</i> 1 % (Anti-Itch (HC))	Tier 1	
<i>hydrocortisone topical ointment</i> 2.5 %	Tier 1	
<i>hydrocortisone valerate topical cream</i> 0.2 %	Tier 1	
<i>hydrocortisone valerate topical ointment</i> 0.2 %	Tier 1	
<i>mometasone topical cream</i> 0.1 %	Tier 1	
<i>mometasone topical ointment</i> 0.1 %	Tier 1	
<i>mometasone topical solution</i> 0.1 %	Tier 1	
NUCORT TOPICAL LOTION 2 %	Tier 3	

Drug	Status	Notes
PANDEL TOPICAL CREAM 0.1 %	Tier 2	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>prednicarbate topical cream 0.1 %</i>	Tier 1	
<i>prednicarbate topical ointment 0.1 %</i>	Tier 1	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 1	
PROCTO-PAK TOPICAL CREAM WITH PERINEAL APPLICATOR 1 %	Tier 1	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	Tier 2	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	Tier 3	ST: Requires prior prescription for Triamcinolone Acetonide 0.147mg/g spray within the past 120 days
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	Tier 3	
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 %	Tier 3	
SYNALAR TS TOPICAL KIT 0.01 %	Tier 3	
TEXACORT TOPICAL SOLUTION 2.5 %	Tier 2	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i> (Kenalog)	Tier 1	
<i>triamcinolone acetonide topical cream 0.025 %</i>	Tier 1	

Drug	Status	Notes
<i>triamcinolone acetonide topical cream</i> (Triderm) 0.1 %, 0.5 %	Tier 1	
<i>triamcinolone acetonide topical lotion</i> 0.025 %, 0.1 %	Tier 1	
<i>triamcinolone acetonide topical ointment</i> 0.025 %, 0.1 %, 0.5 %	Tier 1	
<i>triamcinolone-niacinamide topical cream</i> 0.1-4 %	Tier 1	
TRIDERM TOPICAL CREAM 0.1 %, 0.5 %	Tier 1	
Topical Anti-Inflammatory, Nsaids		
<i>diclofenac epolamine transdermal patch</i> (Flector) 12 hour 1.3 %	Tier 1	
<i>diclofenac sodium topical drops</i> 1.5 %	Tier 1	
<i>diclofenac sodium topical gel</i> 1 % (Arthritis Pain (diclofenac))	Tier 1	
<i>diclofenac-hyaluronate-niacin topical gel</i> 3-2-4 %	Tier 1	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	Tier 3	ST: Requires prior prescription for Diclofenac Epolamine within the past 120 days; QL (1 EA per 1 day)
Dermatology - Miscellaneous		
Antiperspirants		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	Tier 2	
DRYSOL TOPICAL SOLUTION 20 %	Tier 2	
Antiseborrheic Agents		
ESKATA TOPICAL SOLUTION WITH APPLICATOR 40 %	Tier 3	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	Tier 2	
OVACE PLUS TOPICAL CREAM 10 %	Tier 3	
OVACE PLUS TOPICAL FOAM 9.8 %	Tier 3	
OVACE PLUS TOPICAL LOTION 9.8 %	Tier 3	ST: Requires prior prescription for Ciclopirox or Ketoconazole within the past 120 days
<i>selenium sulfide topical lotion</i> 2.5 %	Tier 1	

Drug	Status	Notes
<i>selenium sulfide topical shampoo 2.25 %</i>	Tier 1	
<i>selenium sulfide topical shampoo 2.3 %</i> (SelRx)	Tier 1	
<i>sulfacetamide sodium topical cleanser 10 %</i> (Ovace)	Tier 1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i> (Ovace Plus Wash)	Tier 1	
<i>sulfacetamide sodium topical shampoo 10 %</i> (Ovace Plus Shampoo)	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 %	Tier 3	
Antiseptics, Miscellaneous		
<i>guaiacol liquid</i>	Tier 3	
Emollients		
<i>ammonium lactate topical cream 12 %</i> (Geri-Hydrolac)	Tier 1	
<i>ammonium lactate topical lotion 12 %</i> (Geri-Hydrolac)	Tier 1	
ATRAPRO CP TOPICAL COMBO PACK, CREAM AND GEL	Tier 3	
HYLATOPICPLUS TOPICAL LOTION	Tier 3	
MB HYDROGEL TOPICAL KIT, CREAM AND GEL 96.53-3-0.4 -0.066 %	Tier 1	
PRESERA TOPICAL FOAM	Tier 3	
XCLAIR TOPICAL CREAM	Tier 3	
Iodine Antiseptics		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	Tier 3	
Irrigants		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	
AQUA CARE SODIUM CHLORIDE IRRIGATION SOLUTION 0.9 %	Tier 1	
AQUA CARE STERILE WATER IRRIGATION SOLUTION	Tier 1	
<i>lactated ringers irrigation solution</i>	Tier 3	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 3	
<i>ringer's irrigation solution</i>	Tier 1	

Drug	Status	Notes
sodium chloride irrigation solution 0.9 % (Aqua Care Sodium Chloride)	Tier 1	
sorbitol irrigation solution 3 %, 3.3 %	Tier 1	
sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml	Tier 1	
TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20-8.75- 6.25 MG/100 ML	Tier 3	
VASHE WOUND THERAPY IRRIGATION IRRIGATION SOLUTION 0.033 %	Tier 3	
water for irrigation, sterile irrigation solution (Aqua Care Sterile Water)	Tier 1	
Irritants/Counter-Irritants		
cantharidin in acetone topical solution 0.7 %	Tier 1	
methyl salicylate oil (Wintergreen Oil)	Tier 1	
methyl salicylate topical liquid	Tier 1	
QUTENZA TOPICAL KIT 8 %	Tier 3	PA
WINTERGREEN OIL OIL	Tier 1	
Keratolytics		
benzoyl peroxide topical foam 9.8 % (BenzePrO)	Tier 1	
BPO TOPICAL GEL 8 %	Tier 1	
CEM-UREA TOPICAL GEL 45 %	Tier 1	
CONDYLOX TOPICAL GEL 0.5 %	Tier 3	ST: Requires prior prescription for Podofilox within the past 120 days
HYDRO 35 TOPICAL FOAM 35 %	Tier 3	
INOVA 4-1 TOPICAL COMBO PACK 1-4-5 %	Tier 3	
INOVA 8-2 TOPICAL COMBO PACK 2-8-5 %	Tier 3	
INOVA TOPICAL COMBO PACK 4-5 %, 8-5 %	Tier 3	
KERAFOAM TOPICAL FOAM 30 %, 42 %	Tier 3	
KERALYT SCALP COMPLETE TOPICAL KIT, SHAMPOO AND GEL 6-6 %	Tier 3	

Drug	Status	Notes
PACNEX HP TOPICAL PADS, MEDICATED 7 %	Tier 3	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 %	Tier 3	
PODOCON TOPICAL LIQUID 25 %	Tier 1	
<i>podofilox topical solution 0.5 %</i>	Tier 1	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	Tier 1	
<i>salicylic acid topical cream 6 %</i> (Salimez)	Tier 1	
<i>salicylic acid topical cream,extended release 6 %</i>	Tier 1	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i> (Virasal)	Tier 1	
<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i> (UltraSal-ER)	Tier 1	
<i>salicylic acid topical foam 6 %</i> (Salvax)	Tier 1	
<i>salicylic acid topical liquid 26 %</i>	Tier 1	
<i>salicylic acid topical lotion 6 %</i>	Tier 1	
<i>salicylic acid topical lotion,extended release 6 %</i>	Tier 1	
<i>salicylic acid topical shampoo 6 %</i> (Keralyt)	Tier 1	
<i>salicylic-cimetidine-lidocaine topical cream 40-10-5 %</i>	Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 %	Tier 3	
SALVAX DUO PLUS TOPICAL FOAM 6- 35 %	Tier 3	
SALVAX TOPICAL FOAM 6 %	Tier 1	
<i>silver nitrate applicators topical stick 75- 25 %</i>	Tier 1	
<i>silver nitrate topical solution 10 %</i>	Tier 1	
ULTRASAL-ER TOPICAL FILM- FORMING SOLN ER W/ APPL 28.5 %	Tier 3	
UMECTA TOPICAL FOAM 40 %	Tier 1	
URAMAXIN GT TOPICAL KIT,CREAM AND GEL 45 %	Tier 3	
URAMAXIN TOPICAL FOAM 20 %	Tier 3	
URAMAXIN TOPICAL LOTION 45 %	Tier 3	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
UREA NAIL STICK TOPICAL SOLUTION 50 %	Tier 1	
<i>urea topical cream 39 %</i> (Uredeb)	Tier 1	
<i>urea topical cream 40 %</i>	Tier 1	
<i>urea topical cream 45 %</i> (Uramaxin)	Tier 1	
<i>urea topical cream 47 %</i> (Keralac)	Tier 1	
<i>urea topical cream 50 %</i> (Ure-K)	Tier 1	
<i>urea topical foam 35 %</i> (Hydro 35)	Tier 1	
<i>urea topical gel 45 %</i> (CEM-Urea)	Tier 1	
<i>urea topical lotion 40 %</i>	Tier 1	
XALIX TOPICAL FILM-FORMING SOLNER W/ APPL 28 %	Tier 3	
Oxidizing Agents		
<i>hydrogen peroxide solution 3 %</i>	Tier 1	
Protectives		
GENADUR (WITH LEXINAL) KIT 2,500 MCG	Tier 3	
PHARMABASE BARRIER TOPICAL OINTMENT 9.38 %	Tier 1	
PR CREAM TOPICAL CREAM	Tier 1	
RECEDO TOPICAL GEL	Tier 3	
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET	Tier 1	
<i>zinc oxide topical ointment 20 %</i>	Tier 1	
<i>zinc oxide topical paste 25 %</i>	Tier 1	
Topical Anti-Inflammatory Steroid-Local Anesthetic		
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	Tier 2	
EPIFOAM TOPICAL FOAM 1-1 %	Tier 3	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i> (Pramosone)	Tier 1	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i> (Lidocort)	Tier 1	
PRAMOSONE TOPICAL CREAM 1-1 %	Tier 2	
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	Tier 2	
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %	Tier 2	

Drug	Status	Notes
Topical Antineoplastic & Premalignant Lesion Agnts		
<i>diclofenac sodium topical gel 3 %</i> (Solaraze)	Tier 1	QL (100 GM per 1 FILL)
FLUOROPLEX TOPICAL CREAM 1 %	Tier 3	
<i>fluorouracil topical cream 0.5 %</i> (Carac)	Tier 1	PA
<i>fluorouracil topical cream 5 %</i> (Efudex)	Tier 1	
<i>fluorouracil topical solution 2 %, 5 %</i>	Tier 1	
PANRETIN TOPICAL GEL 0.1 %	Tier 3	SP
PICATO TOPICAL GEL 0.015 %	Tier 2	QL (3 EA per 28 days)
PICATO TOPICAL GEL 0.05 %	Tier 2	QL (2 EA per 28 days)
TARGRETIN TOPICAL GEL 1 %	Tier 2	PA; SP
TOLAK TOPICAL CREAM 4 %	Tier 2	
VALCHLOR TOPICAL GEL 0.016 %	Tier 2	PA; SP
Topical Local Anesthetics		
ANACAINE TOPICAL OINTMENT 10 %	Tier 3	
ANASTIA TOPICAL LOTION 2.75 %	Tier 3	
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 %	Tier 3	
CETACAINE TOPICAL AEROSOL, SPRAY 2 %-2 %-14 % (200 MG/SEC)	Tier 3	
<i>ethyl chloride topical aerosol, spray 100 %</i>	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 %	Tier 1	
<i>lidocaine hcl laryngotracheal solution 4 %</i> (LTA Pre-Attached)	Tier 1	
<i>lidocaine hcl topical cream 3 %</i> (Lidopin)	Tier 1	
<i>lidocaine topical adhesive patch, medicated 5 %</i> (Lidoderm)	Tier 1	QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	Tier 1	QL (240 GM per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 1	
<i>lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %</i> (L.E.T. (lido-epineph-tetra))	Tier 1	
LIDOPIN TOPICAL CREAM 3.25 %	Tier 3	

Drug	Status	Notes
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
NUMBONEX TOPICAL LOTION 2.75 %	Tier 3	
PONTOCAINE TOPICAL SOLUTION 2 %	Tier 3	
REGENECARE TOPICAL GEL 2 %	Tier 3	
SPRAY AND STRETCH TOPICAL AEROSOL, SPRAY	Tier 3	
SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING 70-70 MG	Tier 3	
TRANZAREL TOPICAL GEL 4 %	Tier 3	
Topical Preparations, Miscellaneous		
<i>sodium chloride topical solution 0.9 %</i> (Saljet Saline Rinse)	Tier 1	
Topical/Mucous Membr./Subcut. Enzymes		
HYQVIA HY COMPONENT SUBCUTANEOUS SOLUTION 1,600 UNIT/10 ML, 2,400 UNIT/15 ML, 200 UNIT/1.25 ML, 400 UNIT/2.5 ML, 800 UNIT/5 ML	Tier 3	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 3	
Dermatology - Psoriasis/Eczema		
Antipsoriatic Agents, Systemic		
<i>acitretin oral capsule 10 mg, 25 mg</i> (Soriatane)	Tier 1	SP
<i>acitretin oral capsule 17.5 mg</i>	Tier 1	SP
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 2	PA; SP
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 2	PA; SP
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 2	PA; SP
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 2	PA; SP
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> (Oxsoralen Ultra)	Tier 1	

Drug	Status	Notes
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	Tier 3	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE 75 MG/0.83 ML	Tier 2	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	Tier 2	PA; SP
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 2	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 2	PA; SP
Antipsoriatics Agents		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 1	
<i>calcipotriene topical cream 0.005 %</i> (Dovonex)	Tier 1	
<i>calcipotriene topical foam 0.005 %</i> (Sorilux)	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcipotriene topical ointment 0.005 %</i>	Tier 1	
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	Tier 1	
DRITHOCREME HP TOPICAL CREAM 1 %	Tier 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
DUOBRII TOPICAL LOTION 0.01-0.045 %	Tier 3	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days; QL (200 GM per 28 days)
SORILUX TOPICAL FOAM 0.005 %	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	Tier 1	

Drug	Status	Notes
TAZORAC TOPICAL CREAM 0.05 %	Tier 2	
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	Tier 3	
ZITHRANOL TOPICAL SHAMPOO 1 %	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
Topical Agents, Miscellaneous		
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
SAF-CLENS AF DERMAL WOUND TOPICAL CLEANSER	Tier 3	
Topical Immunosuppressive Agents		
<i>pimecrolimus topical cream 1 %</i> (Elidel)	Tier 1	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (Protopic)	Tier 1	
<i>tacrolimus-hyaluronate-niacin topical cream 0.1-1-4 %</i>	Tier 1	
<i>tacrolimus-niacinamide topical ointment 0.1-4 %</i>	Tier 1	
<i>tacrolimus-vehicle base no.238 topical cream 0.1 %</i>	Tier 1	
Topical Vit D Analog/Anti-inflammatory, Steroidal		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i> (Taclonex)	Tier 1	
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i> (Taclonex)	Tier 1	
<i>clobetasol-calcipotriene topical solution 0.05-0.005 %</i>	Tier 1	
ENSTILAR TOPICAL FOAM 0.005-0.064 %	Tier 3	
Diabetes		
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.		
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	Tier 2	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	Tier 2	QL (1 EA per 1 day)

Drug	Status	Notes
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	Tier 2	QL (2 EA per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
Antihypergly, Incretin Mimetic (Glp-1 Recep. Agonist)		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	Tier 2	QL (0.85 ML per 7 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	Tier 2	QL (1 EA per 7 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE (250 MCG/ML) 2.4 ML	Tier 2	QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	Tier 2	QL (1.2 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/1.5 ML)	Tier 2	QL (1.5 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	Tier 2	QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 2	QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	Tier 2	QL (2 ML per 28 days)

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 2	QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 2	QL (9 ML per 30 days)
Antihyperglycemic-Sod/Gluc Cotransport2(Sglt2)Inhib		
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
Antihyperglycemic - Dopamine Receptor Agonists		
CYCLOSET ORAL TABLET 0.8 MG	Tier 3	ST: Requires prior prescription for Glipizide/Metformin HCL, Glyburide/Metformin HCL, Metformin HCL, or Riomet ER within the past 180 days
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg (Precose)</i>	Tier 1	
<i>migliitol oral tablet 100 mg, 25 mg, 50 mg (Glyset)</i>	Tier 1	
Antihyperglycemic, Amylin Analog-Type		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Tier 2	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Tier 2	
Antihyperglycemic, Dpp-4 Inhibitors		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
TRADJENTA ORAL TABLET 5 MG	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
Antihyperglycemic, Insulin-Release Stimulant Type		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i> (Amaryl)	Tier 1	
<i>glipizide oral tablet 10 mg, 5 mg</i> (Glucotrol)	Tier 1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i> (Glucotrol XL)	Tier 1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase)	Tier 1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>nateglinide oral tablet 120 mg, 60 mg</i> (Starlix)	Tier 1	
<i>repaglinide oral tablet 0.5 mg</i>	Tier 1	
<i>repaglinide oral tablet 1 mg, 2 mg</i> (Prandin)	Tier 1	
Antihyperglycemic, Insulin-Response Enhancer (N-S)		
AVANDIA ORAL TABLET 2 MG, 4 MG	Tier 3	ST: Requires prior prescription for metformin (IR/ER), a sulfonylurea, pioglitazone or a combination product containing any two of the three previous agents within the previous 120 days
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	Tier 1	
Antihyperglycemic, Sglit-2 & Dpp-4 Inhibitor Comb.		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 3	ST: Requires prior prescription for Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 days; QL (1 EA per 1 day)
Antihyperglycemic, Biguanide Type(Non-Sulfonylurea)		
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	Tier 1	

Drug	Status	Notes
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i> (Glucophage)	Tier 1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i> (Glucophage XR)	Tier 1	
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i> (Fortamet)	Tier 1	ST: Requires prior prescription for Metformin HCL within the past 120 days
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON 500 MG/5 ML	Tier 3	ST: Requires prior prescription for Metformin HCL within the past 120 days; QL (20 ML per 1 day)
Antihyperglycemic,Insulin & Glp-1 Receptor Agonist		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 2	ST: Requires prior prescription for Bydureon Bcise, Bydureon Pen, Bydureon, Byetta, Lantus Solostar, Lantus, Levemir Flextouch, Levemir, Ozempic, Rybelsus, Toujeo Max Solostar, Toujeo Solostar, Tresiba Flextouch U-100, Tresiba Flextouch U-200, Tresiba, Trulicity, or Victoza within the past 120 days; QL (30 ML per 28 days)

Drug	Status	Notes
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 2	ST: Requires prior prescription for Bydureon Bcise, Bydureon Pen, Bydureon, Byetta, Lantus Solostar, Lantus, Levemir Flextouch, Levemir, Ozempic, Rybelsus, Toujeo Max Solostar, Toujeo Solostar, Tresiba Flextouch U-100, Tresiba Flextouch U-200, Tresiba, Trulicity, or Victoza within the past 120 days; QL (15 ML per 28 days)
Antihyperglycemic, Insulin-Rel Stim. & Biguanide Comb		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	Tier 1	
Antihyperglycemic, Insulin-Response & Release Comb.		
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
Antihyperglycemic-Glucocorticoid Receptor Blocker		
KORLYM ORAL TABLET 300 MG	Tier 2	PA; SP
Antihyperglycemic-SglT2 Inhibitor & Biguanide Comb		
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	Tier 2	QL (2 EA per 1 day)

Drug	Status	Notes
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	Tier 2	QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	Tier 2	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	Tier 2	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	Tier 2	QL (2 EA per 1 day)
Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb		
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i> (Actoplus MET)	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
Blood Sugar Diagnostics		
FREESTYLE INSULINX STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE TEST STRIP	Tier 2	QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP	Tier 2	QL (200 EA per 30 days)
Diabetic Supplies		
ACCU-CHEK COMBO SYSTEM KIT	Tier 3	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	Tier 3	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	Tier 3	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN	Tier 3	
AUTOSOFT 30 INFUSION SET	Tier 3	
AUTOSOFT 90 INFUSION SET	Tier 3	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
AUTOSOFT XC INFUSION SET 23" INFUSION SET	Tier 3	
AUTOSOFT XC INFUSION SET 32" INFUSION SET	Tier 3	
AUTOSOFT XC INFUSION SET 43" INFUSION SET	Tier 3	
CEQUR SIMPLICITY DEVICE 2 UNIT	Tier 3	
CEQUR SIMPLICITY INSERTER	Tier 3	
CLEO 90 INFUSION SET 24" INFUSION SET	Tier 3	
CLEO 90 INFUSION SET 31" INFUSION SET	Tier 3	
COMFORT INFUSION SET 23" INFUSION SET	Tier 3	
COMFORT INFUSION SET 32" INFUSION SET	Tier 3	
COMFORT INFUSION SET 43" INFUSION SET	Tier 3	
COMFORT SHORT INSULIN PUMP 23" INFUSION SET	Tier 3	
COMFORT SHORT INSULIN PUMP 32" INFUSION SET	Tier 3	
COMFORT SHORT INSULIN PUMP 43" INFUSION SET	Tier 3	
CONTACT DETACH INFUS SET 23" INFUSION SET	Tier 3	
CONTACT DETACH INFUS SET 32" INFUSION SET	Tier 3	
DEXCOM G6 RECEIVER	Tier 2	PA
DEXCOM G6 SENSOR DEVICE	Tier 2	PA
DEXCOM G6 TRANSMITTER DEVICE	Tier 2	PA
ENLITE GLUCOSE SENSOR DEVICE	Tier 3	
ENLITE SERTER	Tier 3	
ENLITE SYSTEM	Tier 3	
FREESTYLE NAVIGATOR GLUC SENS DEVICE	Tier 3	
GLUCOCOM AUTOLINK	Tier 3	
GUARDIAN LINK 3 TRANSMITTER DEVICE	Tier 3	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
GUARDIAN RT CHARGER	Tier 3	
GUARDIAN RT MONITOR SYSTEM	Tier 3	
GUARDIAN RT TEST PLUG DEVICE	Tier 3	
INPEN (FOR HUMALOG) SUBCUTANEOUS INSULIN PEN	Tier 3	
INPEN (FOR NOVOLOG OR FIASP) SUBCUTANEOUS INSULIN PEN	Tier 3	
MINILINK REAL-TIME TRANSMITTER DEVICE	Tier 3	
MINIMED 530G INSULIN PUMP	Tier 3	
MINIMED 630G GUARDIAN START KT DEVICE	Tier 3	
MINIMED 630G INSULIN PUMP	Tier 3	
MINIMED 670G INSULIN PUMP	Tier 3	PA
MINIMED 770G INSULIN PUMP	Tier 3	PA
MINIMED INFUSION SET INFUSION SET	Tier 3	
MINIMED INFUSION SET-MMT 390 INFUSION SET	Tier 3	
MINIMED INFUSION SET-MMT 391 INFUSION SET	Tier 3	
MINIMED INFUSION SET-MMT 392 INFUSION SET	Tier 3	
MINIMED INFUSION SET-MMT 393 INFUSION SET	Tier 3	
MINIMED MIO 18" INFUSION SET	Tier 3	
MINIMED MIO 23" INFUSION SET	Tier 3	
MINIMED MIO 32" INFUSION SET	Tier 3	
MINIMED QUICK SET 18" INFUSION SET	Tier 3	
MINIMED QUICK SET 23" INFUSION SET	Tier 3	
MINIMED QUICK SET 32" INFUSION SET	Tier 3	
MINIMED QUICK SET 43" INFUSION SET	Tier 3	
MINIMED SILHOUETTE 18" INFUSION SET	Tier 3	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
MINIMED SILHOUETTE 23" INFUSION SET	Tier 3	
MINIMED SILHOUETTE 32" INFUSION SET	Tier 3	
MINIMED SILHOUETTE 43" INFUSION SET	Tier 3	
MINIMED SURE T 18" INFUSION SET	Tier 3	
MINIMED SURE T 23" INFUSION SET	Tier 3	
MINIMED SURE T 32" INFUSION SET	Tier 3	
MIO INFUSION SET INFUSION SET	Tier 3	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	Tier 3	
OMNIPOD DASH 5 PACK POD SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD DASH PDM KIT	Tier 2	QL (1 EA per 365 days)
OMNIPOD INSULIN MANAGEMENT	Tier 2	QL (1 EA per 365 days)
OMNIPOD INSULIN REFILL SUBCUTANEOUS CARTRIDGE	Tier 2	
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE	Tier 2	
QUICK-SET PARADIGM 43" INFUSION SET	Tier 3	
QUICK-SET PARADIGM INFUSION SET	Tier 3	
REVEL PEDIATRIC PROGRAM PUMP	Tier 3	
REVEL PROGRAMMABLE PUMP	Tier 3	
SILHOUETTE 23"-FULL SET INFUSION SET	Tier 3	
SILHOUETTE 43"-FULL SET INFUSION SET	Tier 3	
SILHOUETTE INFUSION SET	Tier 3	
SURE-T PARADIGM INFUSION SET	Tier 3	
T:30 INFUSION SET INFUSION SET	Tier 3	
T:90 INFUSION SET 23" INFUSION SET	Tier 3	
T:90 INFUSION SET 43" INFUSION SET	Tier 3	
T:FLEX INSULIN DELIVERY PUMP	Tier 3	
T:FLEX SUBCUTANEOUS CARTRIDGE	Tier 3	

MedPerform Medium Formulary

01/01/2021

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
T:SLIM G4 INSULIN PUMP	Tier 3	
T:SLIM G4 SUBCUTANEOUS CARTRIDGE	Tier 3	
T:SLIM INSULIN DELIVERY SYSTEM	Tier 3	
T:SLIM SUBCUTANEOUS CARTRIDGE	Tier 3	
T:SLIM X2 BASAL-IQ INSULIN PMP	Tier 3	PA
T:SLIM X2 CONTROL-IQ	Tier 3	PA
T:SLIM X2 INSULIN PUMP	Tier 3	PA
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	Tier 3	
TRUSTEEL INFUSION SET 23" INFUSION SET	Tier 3	
TRUSTEEL INFUSION SET 32" INFUSION SET	Tier 3	
VARISOFT INFUSION SET 23" INFUSION SET	Tier 3	
VARISOFT INFUSION SET 32" INFUSION SET	Tier 3	
VARISOFT INFUSION SET 43" INFUSION SET	Tier 3	
V-GO 20 DEVICE	Tier 3	PA
V-GO 30 DEVICE	Tier 3	PA
V-GO 40 DEVICE	Tier 3	PA
Diabetic Ulcer Preparations, Topical		
REGRANEX TOPICAL GEL 0.01 %	Tier 2	
Hyperglycemics		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	Tier 2	QL (4 EA per 1 FILL)
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	Tier 1	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	Tier 3	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 2	QL (4 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)

Drug	Status	Notes
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
Insulins		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	Tier 3	PA
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	ST: Requires prior prescription for Humalog Junior Kwikpen, Humalog Kwikpen U-200, or Humalog within the past 120 days; QL (30 ML per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	Tier 3	ST: Requires prior prescription for Humalog Junior Kwikpen, Humalog Kwikpen U-200, or Humalog within the past 120 days; QL (30 ML per 28 days)

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	ST: Requires prior prescription for Humalog Junior Kwikpen, Humalog Kwikpen U-200, or Humalog within the past 120 days; QL (40 ML per 28 days)
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 1	QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (12 ML per 28 days)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	Tier 2	QL (40 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Tier 2	QL (30 ML per 28 days)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	Tier 2	QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Tier 2	QL (40 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 1	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 2	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 2	QL (30 ML per 28 days)

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	Tier 2	QL (24 ML per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (12 ML per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	Tier 2	QL (18 ML per 28 days)

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	Tier 2	QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (18 ML per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
Ear - General Disorders		
Ear Preparations Anti-Inflammatory		
<i>fluocinolone acetonide oil otic (ear)</i> (DermOtic Oil) <i>drops 0.01 %</i>	Tier 1	
Ear Preparations, Misc. Anti-Infectives		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 1	
CORTANE-B TOPICAL LOTION 1-1-0.1 %	Tier 3	
<i>hydrocortisone-acetic acid otic (ear)</i> <i>drops 1-2 %</i>	Tier 1	
Ear Preparations, Antibiotics		
<i>ciprofloxacin hcl otic (ear) dropperette</i> (Cetraxal) <i>0.2 %</i>	Tier 1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 3	
<i>neomycin-polymyxin-hc otic (ear)</i> <i>drops,suspension 3.5-10,000-1 mg/ml-</i> <i>unit/ml-%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic (ear)</i> <i>solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 1	
OTIPRIO INTRATYMPANIC SUSPENSION 6 % (6 MG/0.1 ML)	Tier 3	
Otic Preparations, Anti-Inflammatory- Antibiotics		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	Tier 3	

Drug	Status	Notes
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i> (Ciprodex)	Tier 1	
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i> (Otovel)	Tier 1	
Electrolyte Regulation		
Arginine Vasopressin (Avp) Receptor Antagonists		
JYNARQUE ORAL TABLET 15 MG, 30 MG	Tier 2	PA; SP
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	Tier 2	PA; SP
<i>tolvaptan oral tablet 15 mg</i> (Jynarque)	Tier 1	SP; QL (30 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i> (Jynarque)	Tier 1	SP; QL (60 EA per 365 days)
Bicarbonate Producing/Containing Agents		
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION	Tier 3	
Electrolyte Depleters		
AURYXIA ORAL TABLET 210 MG IRON	Tier 3	QL (12 EA per 1 day)
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	Tier 3	
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-19.3 GRAM/60 ML	Tier 1	
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol)	Tier 1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 2	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	Tier 3	

Drug	Status	Notes
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	Tier 1	
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	Tier 1	
<i>sevelamer hcl oral tablet 400 mg</i>	Tier 1	
<i>sevelamer hcl oral tablet 800 mg</i> (Renagel)	Tier 1	
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML	Tier 1	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	Tier 3	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	Tier 2	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	Tier 3	PA
Potassium Replacement		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	Tier 3	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	Tier 1	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	Tier 1	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	Tier 1	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	Tier 1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Tier 1	
<i>potassium chloride oral packet 20 meq</i> (Klor-Con)	Tier 1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i> (K-Tab)	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con M10)	Tier 1	

Drug	Status	Notes
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Klor-Con M20)	Tier 1	
Sodium/Saline Preparations		
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE	Tier 1	
BD PRE-FILLED NORMAL SALINE INJECTION SYRINGE	Tier 1	
BD PRE-FILLED SALINE BLUNT CAN INJECTION SYRINGE	Tier 1	
CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE	Tier 1	
NORMAL SALINE FLUSH INJECTION SYRINGE	Tier 1	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Tier 1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	Tier 1	
<i>sodium chloride 0.9 % (flush) injection syringe</i> (BD PosiFlush Normal Saline 0.9)	Tier 1	
<i>sodium chloride 0.9 % injection solution</i>	Tier 1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	Tier 1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	Tier 1	
<i>sodium chloride injection syringe 0.9 %</i>	Tier 1	
Endocrine Disorder - Fertility		
Drugs To Treat Impotency		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG	Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG	Tier 3	QL (1 EA per 5 days)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	Tier 3	QL: 6 INJECTIONS IN 30 DAYS
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG- 1 MG/ML	Tier 1	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
IFE-PG20 INTRACAVERNOSAL SOLUTION 20 MCG/ML	Tier 1	
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 125 MCG, 250 MCG, 500 MCG	Tier 3	QL (1 EA per 5 days)
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> (Viagra)	Tier 1	QL (1 EA per 5 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i> (Cialis)	Tier 1	QL (1 EA per 5 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i> (Cialis)	Tier 1	PA; QL (1 EA per 1 day)
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG	Tier 3	
Fertility Stimulating Preparations, Non-Fsh		
<i>clomiphene citrate oral tablet 50 mg</i> (Serophene)	Tier 1	
Follicle Stim./Luteinizing Hormones		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 2	SP
Follicle-Stimulating Hormone (Fsh)		
BRAVELLE INJECTION RECON SOLN 75 UNIT	Tier 3	SP
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML	Tier 3	SP; ST: Requires prior prescription for Gonal-f Rff, Gonal-f Rff Redi-ject, or Gonal-f within the past 120 days
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML	Tier 2	SP
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 2	SP
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	Tier 2	SP
Human Chorionic Gonadotropin (Hcg)		
<i>chorionic gonadotropin, human intramuscular recon soln 10,000 unit</i> (Novarel)	Tier 3	ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days

Drug	Status	Notes
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT, 5,000 UNIT	Tier 2	
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	Tier 2	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	Tier 3	ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days
Pregnancy Facilitating/Maintaining Agent,Hormonal		
CRINONE VAGINAL GEL 8 %	Tier 3	ST: Requires prior prescription for Endometrin within the past 120 days
ENDOMETRIN VAGINAL INSERT 100 MG	Tier 2	
Endocrine Disorder - Other		
Adrenal Steroid Inhibitors		
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	Tier 3	PA; SP
Adrenocorticotrophic Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 3	PA; SP
Antidiuretic And Vasopressor Hormones		
DDAVP NASAL SOLUTION 0.1 MG/ML (REFRIGERATE)	Tier 2	
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	Tier 1	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	Tier 1	
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	Tier 3	QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	Tier 3	QL (1 EA per 1 day)
NOCTIVA NASAL SPRAY, NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML)	Tier 3	QL (3.8 GM per 30 days)

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 2	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 2	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 2	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 2	PA; SP
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 1	PA; SP
Bone Formation Stim. Agents - Parathyroid Hormone		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	Tier 2	PA; SP; QL (2.4 ML per 28 days)
Bone Formation Stimulating Agts - Pth Rel Peptides		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 2	PA; SP
Bone Resorption Inhibitor & Vitamin D Combinations		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	Tier 2	
Bone Resorption Inhibitors		
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 1	QL (75 ML per 7 days)
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>	Tier 1	
<i>alendronate oral tablet 70 mg</i> (Fosamax)	Tier 1	
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	Tier 1	
<i>etidronate disodium oral tablet 200 mg</i>	Tier 1	
<i>ibandronate oral tablet 150 mg</i> (Boniva)	Tier 1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	Tier 3	
<i>raloxifene oral tablet 60 mg</i> (Evista)	\$0	QL (1 EA per 1 day)

Drug	Status	Notes
<i>risedronate oral tablet 150 mg</i> (Actonel)	Tier 1	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg</i>	Tier 1	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 1 day)
<i>risedronate oral tablet 35 mg</i> (Actonel)	Tier 1	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 7 days)
<i>risedronate oral tablet 5 mg</i> (Actonel)	Tier 1	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 1 day)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia)	Tier 1	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 7 days)
Calcimimetic, Parathyroid Calcium Enhancer		
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	Tier 1	SP; QL (2 EA per 1 day)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	Tier 1	SP; QL (4 EA per 1 day)
Growth Hormone Receptor Antagonists		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 2	SP

Drug	Status	Notes
Growth Hormone Releasing Hormone (Ghrh) & Analogs		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 3	PA; SP
Growth Hormones		
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 2	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier 3	PA; SP
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	Tier 3	PA; SP
Hyperparathyroid Tx Agents - Vitamin D Analog-Type		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	Tier 1	
<i>paricalcitol oral capsule 4 mcg</i>	Tier 1	
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	Tier 2	QL (2 EA per 1 day)
Insulin-Like Growth Factor-1 (Igf-1) Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 3	PA; SP
Leptin Hormone Analogs		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 3	SP; QL (1 EA per 1 day)
Lhrh (Gnrh) Antagonist, Estrogen And Progestin Comb		
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Tier 2	PA
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants		
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	Tier 3	PA; SP

Drug	Status	Notes
Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	Tier 2	SP
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i>	Tier 3	SP; ST: Requires prior prescription for Cetrotide within the past 120 days
ORILISSA ORAL TABLET 150 MG, 200 MG	Tier 2	PA
Menopausal Sympt Supp-Sel Estrogen Recep Modulator		
OSPHENA ORAL TABLET 60 MG	Tier 2	QL (1 EA per 1 day)
Parathyroid Hormones		
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	Tier 3	PA; SP
Pituitary Suppressive Agents		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
Endocrine Disorder - Thyroid		
Antithyroid Preparations		
<i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole)	Tier 1	
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
Iodine Containing Agents		
LUGOLS ORAL SOLUTION 5 %	Tier 3	
SSKI ORAL SOLUTION 1 GRAM/ML	Tier 1	
STRONG IODINE ORAL SOLUTION 5 %	Tier 1	
Thyroid Hormones		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	Tier 2	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	Tier 2	
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	Tier 1	
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	Tier 1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	Tier 1	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	
THYROLAR-1 ORAL TABLET 12.5-50 MCG	Tier 3	
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG	Tier 3	
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG	Tier 3	
THYROLAR-2 ORAL TABLET 25-100 MCG	Tier 3	
THYROLAR-3 ORAL TABLET 37.5-150 MCG	Tier 3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	Tier 1	

Drug	Status	Notes
Eye - General Disorders		
Eye Antibiotic, Glucocorticoid And Nsaid Comb.		
<i>prednisol ace-gatiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 1	
<i>prednisoln sp-gatiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 1	
<i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 1	
<i>prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %</i>	Tier 1	
<i>prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 1	
Eye Antibiotic-Corticoid Combinations		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 1	
NEO-POLYCYN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%	Tier 1	
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 %	Tier 3	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %	Tier 3	
<i>prednisolone acet-gatifloxacin ophthalmic (eye) drops,suspension 1-0.5 %</i>	Tier 1	

Drug	Status	Notes
<i>prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %</i>	Tier 1	
<i>prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %</i>	Tier 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	Tier 2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	Tier 3	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i> (TobraDex)	Tier 1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	Tier 2	
Eye Antihistamines		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Pataday)	Tier 1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Pataday)	Tier 1	QL (3 ML per 30 days)
Eye Antiinflammatory Agents		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	Tier 3	
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	Tier 2	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 1	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	Tier 3	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 1	
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	Tier 3	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	Tier 2	

Drug	Status	Notes
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 2	
<i>fluorometholone ophthalmic (eye)</i> (FML Liquifilm) <i>drops,suspension 0.1 %</i>	Tier 1	
<i>flurbiprofen sodium ophthalmic (eye)</i> <i>drops 0.03 %</i>	Tier 1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 2	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %	Tier 2	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	Tier 2	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 3	QL (5.6 ML per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	Tier 1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	Tier 1	
KLARITY-B (BETAMETH-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.1-0.25 %	Tier 3	
KLARITY-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.2-0.25 %, 0.5-0.25 %	Tier 3	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	Tier 2	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	Tier 2	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Tier 2	
<i>loteprednol etabonate ophthalmic (eye)</i> (Lotemax) <i>drops,suspension 0.5 %</i>	Tier 1	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Tier 2	
<i>prednisolone acetate (pf) ophthalmic</i> <i>(eye) drops,suspension 1 %</i>	Tier 1	

Drug	Status	Notes
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	Tier 1	
<i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i>	Tier 1	
<i>prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 1	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	Tier 2	
Eye Antivirals		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 2	
Eye Local Anesthetics		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	Tier 3	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	Tier 1	
ALTACAIN OPHTHALMIC (EYE) DROPS 0.5 %	Tier 1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	Tier 1	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Tier 1	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine)	Tier 1	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i> (Altacaine)	Tier 1	
Eye Sulfonamides		
BLEPH-10 OPHTHALMIC (EYE) DROPS 10 %	Tier 1	
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %	Tier 2	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	Tier 2	

Drug	Status	Notes
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i> (Bleph-10)	Tier 1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 1	
Eye Vasoconstrictors (Rx Only)		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 1	
UPNEEQ OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 3	
Ophthalmic Antibiotics		
AK-POLY-BAC OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	Tier 1	
AZASITE OPHTHALMIC (EYE) DROPS 1 %	Tier 3	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i> (Baciguent)	Tier 1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (AK-Poly-Bac)	Tier 1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> (Ciloxan)	Tier 1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i> (Zymaxid)	Tier 1	
GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM)	Tier 1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
KLARITY-A (AZITHRO-CHONDR)(PF) OPHTHALMIC (EYE) DROPS 1-0.25 %	Tier 3	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	Tier 1	

Drug	Status	Notes
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i> (Moxeza)	Tier 1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 1	
NEO-POLYICIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G	Tier 1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	Tier 1	
POLYICIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	Tier 1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> (Polytrim)	Tier 1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i> (Tobrex)	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	
Ophthalmic Antifungal Agents		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 3	
Ophthalmic Anti-Inflammatory Immunomodulator-Type		
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	Tier 1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 2	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	Tier 2	QL (60 EA per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 2	QL (60 EA per 30 days)
Ophthalmic Human Nerve Growth Factor (Hngf)		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 3	PA; SP
Ophthalmic Mast Cell Stabilizers		
ALOCRIAL OPHTHALMIC (EYE) DROPS 2 %	Tier 2	

Drug	Status	Notes
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	Tier 2	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	
Eye - Glaucoma		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	
Miotics/Other Intraoc. Pressure Reducers		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	Tier 2	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 2	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	Tier 3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 1	QL (1 ML per 12 days)
<i>brimonidine ophthalmic (eye) drops 0.15 (Alphagan P) %</i>	Tier 1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	Tier 1	
<i>brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %</i>	Tier 1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	Tier 2	
<i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>	Tier 1	
<i>dorzolamide ophthalmic (eye) drops 2 % (Trusopt)</i>	Tier 1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) (Cosopt (PF)) dropperette 2-0.5 %</i>	Tier 1	QL (2 EA per 1 day)

Drug	Status	Notes
<i>dorzolamide-timolol (pf) ophthalmic (eye) drops 2-0.5 %</i>	Tier 1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	Tier 1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 3	
<i>latanoprost (pf) ophthalmic (eye) drops 0.005 %</i>	Tier 1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	Tier 1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 2	QL (2.5 ML per 25 days)
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	Tier 1	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> (Isopto Carpine)	Tier 1	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Tier 3	ST: At least 2 prior prescriptions for Alphagan P, Azopt, Combigan, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 30 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Tier 3	ST: At least 2 prior prescriptions for Alphagan P, Azopt, Combigan, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Tier 2	
<i>timol-brimon-dorzo-latanop(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.005 %</i>	Tier 1	

Drug	Status	Notes
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.5 %</i> (Timoptic Ocudose (PF))	Tier 1	ST: Requires prior prescription for Timolol Maleate or Timoptic Ocudose within the past 120 days; QL (2 EA per 1 day)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i> (Timoptic)	Tier 1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)	Tier 1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i> (Timoptic-XE)	Tier 1	
<i>timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %</i>	Tier 1	
<i>timolol-dorzolamid-latanop(pf) ophthalmic (eye) drops 0.5-2-0.005 %</i>	Tier 1	
<i>timolol-latanoprost(pf) ophthalmic (eye) drops 0.5-0.005 %</i>	Tier 1	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 %	Tier 3	ST: Requires prior prescription for Timolol Maleate or Timoptic Ocudose within the past 120 days; QL (2 EA per 1 day)
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	Tier 1	QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 3	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, Travoprost (benzalkonium), or Travoprost within the past 365 days; QL (2.5 ML per 25 days)

Drug	Status	Notes
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	Tier 3	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, Travoprost (benzalkonium), or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	Tier 3	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, Travoprost (benzalkonium), or Travoprost within the past 365 days; QL (1 EA per 1 day)
Mydriatics		
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	Tier 1	
<i>atropine ophthalmic (eye) drops, emulsion 0.01 %</i>	Tier 1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	Tier 1	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 3	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i> (Cyclogyl)	Tier 1	
<i>cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>	Tier 1	
<i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %-0.5 %, 1 %-1 %-2.5 %- 0.5 %</i>	Tier 1	
<i>cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %-2.5 %-0.4 %</i>	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 %	Tier 1	
PAREMYD OPHTHALMIC (EYE) DROPS 1-0.25 %	Tier 3	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	Tier 1	

Drug	Status	Notes
<i>tropicamide ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tropicamide ophthalmic (eye) drops 1 % (Mydracil)</i>	Tier 1	
Ophthalmic Antifibrotic Agents		
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG	Tier 3	
Eye - Miscellaneous		
Agents For Corneal Collagen Cross-Linking		
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	Tier 3	
PHOTREXA OPHTHALMIC (EYE) DROPS 0.146 %	Tier 3	
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 %	Tier 3	
Artificial Tears		
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %	Tier 3	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	Tier 3	
Eye Mydriatic And Nsaid Combinations		
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 %	Tier 1	
<i>tropic-proparacai-pe-ketor-wat ophthalmic (eye) drops 1-0.5-2.5-0.5 %</i> (Mydriatic4(trop-prop-PE-ktrlc))	Tier 1	
Eye Preparations, Miscellaneous (Otc)		
GELFILM OPHTHALMIC (EYE) FILM	Tier 3	
Ophthalmic Cystine Depleting Agents		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	Tier 2	PA; SP
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 2	PA; SP
Fluid Replacement		
Nucleic Acid/Nucleotide Supplements		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Tier 2	PA; SP

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Gout And Related Diseases		
Colchicine		
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	Tier 1	QL (2 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	Tier 1	QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	Tier 3	ST: Requires prior prescription for Colchicine capsules or tablets within the past 120 days; QL (10 ML per 1 day)
Hyperuricemia Tx - Purine Inhibitors		
<i>allopurinol oral tablet 100 mg, 300 mg</i> (Zyloprim)	Tier 1	
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	Tier 1	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days)
Uricosuric Agents		
<i>probenecid oral tablet 500 mg</i>	Tier 1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 1	
Uricosuric And Xanthine Oxidase Inhibitor Comb.		
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG	Tier 3	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (1 EA per 1 day)
Hematological Disorders		
Agents To Tx Thrombotic Thrombocytopenic Purpura		
CABLIVI INJECTION KIT 11 MG	Tier 3	PA; SP
CABLIVI INJECTION RECON SOLN 11 MG	Tier 3	PA; SP
Anticoagulants, Coumarin Type		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Tier 1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)	Tier 1	
Antifibrinolytic Agents		
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i> (Amicar)	Tier 1	

Drug	Status	Notes
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i> (Amicar)	Tier 1	
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	Tier 1	
Antihemophilic Factors		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	Tier 3	SP
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 3	SP
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	Tier 3	SP
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	Tier 3	SP
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	Tier 3	SP
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	Tier 3	SP

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	Tier 3	SP
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	Tier 3	SP
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	Tier 3	SP
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	Tier 3	SP
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	Tier 3	SP
NUWIQ INTRAVENOUS RECON SOLN 1000 (+/-) UNIT, 2,000 (+/-) UNIT, 2,500 UNIT, 250 (+/-) UNIT, 3,000 UNIT, 4,000 UNIT, 500 (+/-) UNIT	Tier 3	SP
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Tier 3	SP

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG)	Tier 3	SP
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	Tier 3	SP
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
Blood Factors,Miscellaneous		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Tier 3	SP
Citrates As Anticoagulants		
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML	Tier 3	
ACD-A SOLUTION 2.45-2.2 GRAM- 730 MG/100 ML	Tier 3	
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	Tier 1	
REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L	Tier 3	
<i>sodium citrate in 0.9 % nacl solution 0.5 %</i>	Tier 1	
<i>sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)</i>	Tier 1	
<i>sodium citrate solution 4 gram /100 ml (4 %)</i>	Tier 1	
Direct Factor Xa Inhibitors		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	Tier 2	QL (2 EA per 1 day)

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
ELIQUIS ORAL TABLET 5 MG	Tier 2	QL (74 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 2	QL (51 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	Tier 2	QL (2 EA per 1 day)
Factor Ix Complex (Pcc) Preparations		
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
Factor Ix Preparations		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 3	SP
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	SP
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	SP
MONONINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT	Tier 3	SP
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	SP

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Factor X Preparations		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 3	SP
Factor XIII Preparations		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Tier 3	SP
TRETTEIN INTRAVENOUS RECON SOLN 2,500 UNIT	Tier 3	SP
Hematinics, Other		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 3	PA; SP
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	Tier 3	PA; SP
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier 3	PA; SP
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	Tier 3	PA; SP
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 2	PA; SP
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 3	PA; SP

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Hemophilia Treatment Agents, Non-Factor Replacement		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	Tier 3	PA; SP
Hemorrhologic Agents		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	
Heparin And Related Preparations		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	Tier 1	SP; QL (30 ML per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> (Lovenox)	Tier 1	SP
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	Tier 1	SP; QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	Tier 1	SP; QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	Tier 1	SP; QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	Tier 1	SP; QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Tier 2	SP; QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	Tier 2	SP; QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	Tier 2	SP; QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	Tier 2	SP; QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	Tier 2	SP; QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	Tier 2	SP; QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	Tier 2	SP; QL (18 ML per 30 days)
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML	Tier 1	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)</i>	Tier 1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	Tier 1	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 1	
<i>heparin flush(porcine)-0.9nacl intravenous kit 100 unit/ml</i>	Tier 1	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 1	
<i>heparin lock flush (porcine) intravenous syringe 10 unit/ml, 100 unit/ml</i>	Tier 1	
HEPARIN LOCK FLUSH INTRAVENOUS SYRINGE 10 UNIT/ML	Tier 1	
HEPARIN LOCK INTRAVENOUS SOLUTION 100 UNIT/ML	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML	Tier 1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i> (Heparin LockFlush(Porcine)(PF))	Tier 1	
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	Tier 1	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Leukocyte (Wbc) Stimulants		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 2	PA; SP
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 2	PA; SP
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 2	PA; SP
LEUKINE INJECTION RECON SOLN 250 MCG	Tier 2	PA; SP
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 3	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 2	PA; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 3	PA; SP
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 3	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 3	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 3	PA; SP
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 3	PA; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 3	PA; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 3	PA; SP
Platelet Aggregation Inhibitors		
ADULT ASPIRIN REGIMEN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG	\$0	
ADULT LOW DOSE ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG	\$0	
ASPIRIN CHILDRENS ORAL TABLET, CHEWABLE 81 MG	\$0	

Drug	Status	Notes
ASPIRIN LOW DOSE ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG	\$0	
<i>aspirin oral tablet, chewable 81 mg</i> (Aspirin Childrens)	\$0	
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i> (Adult Aspirin Regimen)	\$0	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 1	
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 2	QL (2 EA per 1 day)
CHILDREN'S ASPIRIN ORAL TABLET, CHEWABLE 81 MG	\$0	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>clopidogrel oral tablet 300 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	Tier 1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
LO-DOSE ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG	\$0	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	Tier 1	QL (1 EA per 1 day)
ST JOSEPH ASPIRIN ORAL TABLET, CHEWABLE 81 MG	\$0	
ST. JOSEPH ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG	\$0	
ZONTIVITY ORAL TABLET 2.08 MG	Tier 3	QL (1 EA per 1 day)
Platelet Reducing Agents		
<i>anagrelide oral capsule 0.5 mg</i> (Agraylin)	Tier 1	
<i>anagrelide oral capsule 1 mg</i>	Tier 1	
Sickle Cell Anemia Agents		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3	
ENDARI ORAL POWDER IN PACKET 5 GRAM	Tier 3	PA; SP
OXBRYTA ORAL TABLET 500 MG	Tier 3	PA; SP

Drug	Status	Notes
SIKLOS ORAL TABLET 1,000 MG	Tier 3	ST: Requires prior prescription for Droxia or Hydroxyurea within the past 365 days
SIKLOS ORAL TABLET 100 MG	Tier 3	QL (2 EA per 1 day)
Spleen Tyrosine Kinase Inhibitors		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 3	PA; SP
Thrombopoietin Receptor Agonists		
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	Tier 3	PA; SP
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	Tier 3	PA; SP
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	Tier 3	PA; SP
MULPLETA ORAL TABLET 3 MG	Tier 3	PA; SP
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	Tier 2	PA; SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 2	PA; SP
Topical Hemostatics		
ASTRINGYN TOPICAL SOLUTION 259 MG/G	Tier 3	
AVITENE FLOUR TOPICAL POWDER	Tier 3	
AVITENE TOPICAL POWDER IN PACKET	Tier 3	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM	Tier 3	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM	Tier 3	
EVARREST TOPICAL ADHESIVE PATCH, MEDICATED 2 X 4 ", 4 X 4 "	Tier 3	
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2)	Tier 3	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT	Tier 3	

Drug	Status	Notes
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT	Tier 3	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200	Tier 3	
GELFOAM TOPICAL SPONGE 4	Tier 3	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML	Tier 1	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT	Tier 3	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 3	
SYRINGE AVITENE TOPICAL POWDER	Tier 3	
TACHOSIL TOPICAL ADHESIVE PATCH, MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM	Tier 3	
THROMBI-GEL TOPICAL PADS, MEDICATED 10 CM2, 100 CM2, 40 CM2	Tier 1	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL SPRAY, NON-AEROSOL 20,000 UNIT	Tier 1	
THROMBI-PAD TOPICAL PADS, MEDICATED 3 X 3 "	Tier 1	
ULTRAFOAM TOPICAL SPONGE 2 X 6.25 X 7 CM-CM-MM, 8 X 12.5 X 1 CM, 8 X 12.5 X 3 CM-CM-MM, 8 X 6.25 X 1 CM	Tier 3	
VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML)	Tier 3	
Vitamin K Preparations		
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i> (Vitamin K1)	Tier 1	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
<i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>	Tier 1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i> (Mephyton)	Tier 1	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML	Tier 1	
VITAMIN K1 INJECTION SOLUTION 10 MG/ML	Tier 1	
Hormonal Deficiency		
Androgen/Estrogen Preps For Female Sexual Dysfunc		
INTRAROSA VAGINAL INSERT 6.5 MG	Tier 2	QL (1 EA per 1 day)
Androgenic Agents		
ANADROL-50 ORAL TABLET 50 MG	Tier 3	PA
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	Tier 3	PA
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	Tier 3	PA
METHITEST ORAL TABLET 10 MG	Tier 3	PA
<i>methyltestosterone oral capsule 10 mg</i> (Android)	Tier 1	PA
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)	Tier 1	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	Tier 1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 1	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i> (Testim)	Tier 1	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i> (Fortesta)	Tier 1	PA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	Tier 1	PA
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	Tier 1	PA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i> (AndroGel)	Tier 1	PA

Drug	Status	Notes
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	Tier 1	PA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	Tier 3	PA
Estrogen & Progestin With Antimineralocorticoid Cb		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 3	
Estrogen & Selective Estrogen Recept Mod(Serm)Comb		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 2	
Estrogen And Progestin Combinations		
BIJUVA ORAL CAPSULE 1-100 MG	Tier 3	
Estrogen/Androgen Combinations		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG	Tier 1	
COVARYX ORAL TABLET 1.25-2.5 MG	Tier 1	
EEMT HS ORAL TABLET 0.625-1.25 MG	Tier 1	
EEMT ORAL TABLET 1.25-2.5 MG	Tier 1	
<i>estrogens-methyltestosterone oral tablet (Covaryx H.S.) 0.625-1.25 mg</i>	Tier 1	
<i>estrogens-methyltestosterone oral tablet (Covaryx) 1.25-2.5 mg</i>	Tier 1	
Estrogenic Agents		
ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 2	QL (2 EA per 7 days)
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	Tier 1	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	Tier 3	QL (1 EA per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	Tier 2	QL (2 EA per 7 days)

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	Tier 3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Tier 3	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)	Tier 2	
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 1	QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	Tier 3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	Tier 1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	Tier 1	QL (2 EA per 7 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	Tier 1	QL (1 EA per 7 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> (Delestrogen)	Tier 1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (Amabelz)	Tier 1	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	Tier 3	ST: Requires prior prescription for Alora or Estradiol within the past 120 days
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	Tier 1	
JINTELI ORAL TABLET 1-5 MG-MCG	Tier 1	
LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 1	QL (2 EA per 7 days)

Drug	Status	Notes
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	Tier 2	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	Tier 3	QL (1 EA per 7 days)
MIMVEY ORAL TABLET 1-0.5 MG	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet</i> (Fyavolv) 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 1	
PREFEST ORAL TABLET 1 MG (15)/1 MG- 0.09 MG (15)	Tier 3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Tier 2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 2	
Lhrh (Gnrh) Agonist Analog And Progestin Comb		
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET 3.75 MG -5 MG (30)	Tier 3	PA; SP
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET 11.25 MG -5 MG (90)	Tier 3	PA; SP
Progestational Agents		
CRINONE VAGINAL GEL 4 %	Tier 3	
<i>medroxyprogesterone oral tablet 10 mg,</i> (Provera) 2.5 mg, 5 mg	Tier 1	
<i>norethindrone acetate oral tablet 5 mg</i> (Aygestin)	Tier 1	
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 1	
<i>progesterone micronized oral capsule</i> (Prometrium) 100 mg, 200 mg	Tier 1	
Immunization		
Antisera		
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	Tier 3	PA; SP
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	Tier 3	PA; SP

Drug	Status	Notes
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	Tier 3	PA; SP
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 3	PA; SP
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 3	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 3	PA; SP
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 3	PA; SP
HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 30 GRAM/300 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 3	PA; SP
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	Tier 3	PA; SP
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 3	PA; SP
Gram Negative Cocci Vaccines		
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	\$0	QL (0.5 ML per 365 days); Age (Min 11 Years and Max 23 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	\$0	QL (1 EA per 365 days); Age (Min 11 Years and Max 23 Years)

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Gram Positive Cocci Vaccines		
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	Tier 3	QL (0.5 ML per 365 days); Age (Min 2 Years)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	Tier 3	QL (0.5 ML per 365 days); Age (Min 2 Years)
Influenza Virus Vaccines		
AFLURIA QD 2020-21(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
AFLURIA QD 2020-21(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	\$0	QL (0.25 ML per 180 days)
AFLURIA QUAD 2020-2021(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
FLUAD 2020-2021 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0	QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUAD QUAD 2020-21(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUARIX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
FLUBLOK QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days); Age (Min 18 Years)
FLUCELVAX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
FLUCELVAX QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
FLULAVAL QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
FLUMIST QUAD 2020-2021 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	\$0	QL (1 EA per 180 days)

Drug	Status	Notes
FLUZONE HIGHDOSE QUAD 20-21 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	\$0	QL (0.7 ML per 180 days); Age (Min 65 Years)
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
FLUZONE QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
Vaccine/Toxoid Preparations, Combinations		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF- (2.5-5-3-5 MCG)-5LF/0.5 ML	\$0	QL (0.5 ML per 365 days); Age (Min 18 Years)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5- 5-3-5 MCG)-5LF/0.5 ML	\$0	QL (0.5 ML per 365 days); Age (Min 18 Years)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG- LF/0.5ML	\$0	QL (0.5 ML per 365 days); Age (Min 18 Years)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	\$0	QL (0.5 ML per 365 days); Age (Min 18 Years)
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	\$0	QL (2 EA per 365 days); Age (Min 18 Years)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	\$0	QL (0.5 ML per 365 days); Age (Min 18 Years)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	\$0	QL (0.5 ML per 365 days); Age (Min 18 Years)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	\$0	QL (0.5 ML per 365 days); Age (Min 18 Years)
Viral/Tumorigenic Vaccines		
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	\$0	QL (3 ML per 365 days); Age (Min 18 Years)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	\$0	QL (3 ML per 365 days); Age (Min 18 Years)

MedPerform Medium Formulary

01/01/2021

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	\$0	QL (2 ML per 365 days); Age (Min 18 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	\$0	QL (2 ML per 365 days); Age (Min 18 Years)
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	\$0	QL (1 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	\$0	QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	\$0	QL (3 ML per 365 days); Age (Min 18 Years)
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	\$0	QL (2 EA per 365 days); Age (Min 50 Years)
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG	\$0	QL (2 EA per 365 days); Age (Min 50 Years)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	\$0	QL (4 ML per 365 days); Age (Min 18 Years)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	\$0	QL (2 ML per 365 days); Age (Min 18 Years)
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	\$0	QL (2 ML per 365 days); Age (Min 18 Years)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	\$0	QL (2 EA per 365 days); Age (Min 18 Years)
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	\$0	QL (1 EA per 365 days); Age (Min 60 Years)
Immunosuppression/Modulation		
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 3	PA; SP
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Tier 3	SP
<i>imiquimod topical cream in packet 5 %</i> (Aldara)	Tier 1	QL (24 EA per 30 days)
<i>imiquimod-levocetirizin-niacin topical gel 5-1-2 %</i>	Tier 1	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
<i>imiquimod-tretinoin-levocetir topical gel</i> 5-0.05-1 %	Tier 1	
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	Tier 2	PA; SP
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	Tier 2	PA; SP
Immunosuppressives		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	Tier 2	SP
AZASAN ORAL TABLET 100 MG, 75 MG	Tier 2	SP
<i>azathioprine oral tablet 50 mg</i> (Imuran)	Tier 1	SP
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	Tier 1	SP
<i>cyclosporine modified oral capsule 50 mg</i>	Tier 1	SP
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	Tier 1	SP
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	Tier 1	SP
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Tier 2	SP
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i> (Zortress)	Tier 1	SP
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Tier 1	SP
GENGRAF ORAL SOLUTION 100 MG/ML	Tier 1	SP
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	Tier 1	SP
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	Tier 1	SP
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	Tier 1	SP
<i>mycophenolate sodium oral tablet,delayed release (drlec) 180 mg, 360 mg</i> (Myfortic)	Tier 1	SP

Drug	Status	Notes
NEORAL ORAL CAPSULE 100 MG, 25 MG	Tier 2	SP
NEORAL ORAL SOLUTION 100 MG/ML	Tier 2	SP
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	Tier 2	SP
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	Tier 2	SP
RAPAMUNE ORAL SOLUTION 1 MG/ML	Tier 2	SP
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 2	SP
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Tier 2	SP
SANDIMMUNE ORAL SOLUTION 100 MG/ML	Tier 2	SP
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	Tier 1	SP
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune)	Tier 1	SP
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	Tier 1	SP
ZORTRESS ORAL TABLET 1 MG	Tier 2	SP
Infectious Disease - Bacterial		
Absorbable Sulfonamides		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML	Tier 1	
Betalactams		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 2	PA; SP
Cephalosporins - 1St Generation		
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
<i>cefadroxil oral tablet 1 gram</i>	Tier 1	

Drug	Status	Notes
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i> (Keflex)	Tier 1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 1	
Cephalosporins - 2Nd Generation		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier 1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	Tier 1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	
Cephalosporins - 3Rd Generation		
<i>cefdinir oral capsule 300 mg</i>	Tier 1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefditoren pivoxil oral tablet 200 mg</i>	Tier 1	
<i>cefditoren pivoxil oral tablet 400 mg</i> (Spectracef)	Tier 1	
<i>cefixime oral capsule 400 mg</i> (Suprax)	Tier 1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Suprax)	Tier 1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	Tier 1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 2	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	Tier 2	
Chemotherapeutics, Antibacterial, Misc.		
<i>fosfomycin tromethamine oral packet 3 gram</i> (Monurol)	Tier 1	
HYOPHEN ORAL TABLET 81.6-0.12-10.8 MG	Tier 1	

Drug	Status	Notes
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	Tier 1	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	Tier 1	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i> (Urogesic-Blue)	Tier 1	
PHOSPHASAL ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	Tier 2	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	
URIMAR-T ORAL TABLET 120-0.12-10.8 MG	Tier 1	
URIN DS ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	
URO-458 ORAL TABLET 81-10.8-40.8 MG	Tier 1	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG	Tier 1	
USTELL ORAL CAPSULE 120-0.12 MG	Tier 1	
Macrolides		
<i>azithromycin oral packet 1 gram</i> (Zithromax)	Tier 1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	Tier 1	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	Tier 1	
<i>azithromycin oral tablet 600 mg</i>	Tier 1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 1	

Drug	Status	Notes
DIFICID ORAL TABLET 200 MG	Tier 2	ST: Requires prior prescription for Vancomycin HCL within the past 120 days; QL (20 EA per 30 days)
E.E.S. 400 ORAL TABLET 400 MG	Tier 1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 500 MG	Tier 1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	Tier 1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	Tier 1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	Tier 1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)	Tier 1	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	Tier 1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i> (Ery-Tab)	Tier 1	
Nitrofurantoin Derivatives		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> (Macrochantin)	Tier 1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i> (Macrochantin)	Tier 1	QL (4 EA per 1 day)
<i>nitrofurantoin monohydr/m-cryst oral capsule 100 mg</i> (Macrobid)	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)	Tier 1	
Oxazolidinones		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	Tier 1	
<i>linezolid oral tablet 600 mg</i> (Zyvox)	Tier 1	

Drug	Status	Notes
SIVEXTRO ORAL TABLET 200 MG	Tier 2	ST: Requires prior prescription for Linezolid (600mg tablets) within the past 120 days; QL (6 EA per 6 days)
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i> (Augmentin)	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	Tier 3	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	

Drug	Status	Notes
Pleuromutilin Derivatives		
XENLETA ORAL TABLET 600 MG	Tier 3	PA
Quinolones		
BAXDELA ORAL TABLET 450 MG	Tier 3	PA
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	Tier 2	
CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR 1,000 MG, 500 MG	Tier 3	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	Tier 1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 (Cipro) mg</i>	Tier 1	
<i>ciprofloxacin oral (Cipro) suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
FACTIVE ORAL TABLET 320 MG	Tier 3	
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	
Tetracyclines		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 1	
<i>doxycycline hyclate oral capsule 100 mg, (Morgidox) 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 150 mg (Acticlata)</i>	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
<i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)	Tier 1	ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (4 EA per 1 day)
<i>doxycycline hyclate oral tablet 75 mg</i> (Acticlate)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxyne NL)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin)	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
MONDOXYNE NL ORAL CAPSULE 100 MG	Tier 1	QL (2 EA per 1 day)

Drug	Status	Notes
MONDOXYNE NL ORAL CAPSULE 75 MG	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
NUZYRA ORAL TABLET 150 MG	Tier 3	PA
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 1	
VIBRAMYCIN ORAL SYRUP 50 MG/5 ML	Tier 2	
Infectious Disease - Fungal		
Antifungal Agents		
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 1	
CRESEMBA ORAL CAPSULE 186 MG	Tier 3	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)	Tier 1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Diflucan)	Tier 1	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	Tier 1	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	Tier 1	
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	Tier 1	
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	Tier 3	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 3	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)	Tier 1	
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	Tier 3	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	Tier 1	
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	Tier 1	
Antifungal Antibiotics		
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 1	

Drug	Status	Notes
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 1	
<i>nystatin oral tablet 500,000 unit</i>	Tier 1	
Infectious Disease - Miscellaneous		
Aminoglycosides		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Tier 3	PA; SP
<i>neomycin oral tablet 500 mg</i>	Tier 1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	Tier 2	PA; SP
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	Tier 1	PA; SP
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)	Tier 1	PA; SP
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i> (Kitabis Pak)	Tier 1	PA; SP
Antibacterial Agents, Miscellaneous		
<i>glycine urologic solution irrigation solution 1.5 %</i> (Glycine Urologic)	Tier 1	
Antileprotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
Anti-Mycobacterium Agents		
<i>ethambutol oral tablet 100 mg</i>	Tier 1	
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	Tier 1	
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	Tier 3	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	Tier 1	
TRECTOR ORAL TABLET 250 MG	Tier 3	
Antitubercular Antibiotics		
<i>cycloserine oral capsule 250 mg</i>	Tier 1	
<i>pretomanid oral tablet 200 mg</i>	Tier 3	QL (1 EA per 1 day)

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
PRIFTIN ORAL TABLET 150 MG	Tier 3	
RIFAMATE ORAL CAPSULE 300-150 MG	Tier 2	
<i>rifampin oral capsule 150 mg, 300 mg</i> (Rifadin)	Tier 1	
RIFATER ORAL TABLET 50-120-300 MG	Tier 3	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 3	PA; SP
Lincosamides		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	Tier 1	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	Tier 1	
Rifamycins And Related Derivative Antibiotics		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG	Tier 3	ST: Requires prior prescription for Azithromycin, Cipro, Cipro XR, Ciprofloxacin HCL, Ciprofloxacin, Ciprofloxacin/ciprofloxacin HCL, Levofloxacin, or Ofloxacin within the past 120 days; QL (12 EA per 1 FILL)
XIFAXAN ORAL TABLET 200 MG	Tier 3	PA
XIFAXAN ORAL TABLET 550 MG	Tier 2	PA
Vancomycin And Derivatives		
FIRVANQ ORAL RECON SOLN 25 MG/ML	Tier 2	QL (300 ML per 1 FILL)
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	Tier 1	QL (56 EA per 1 FILL)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	Tier 1	QL (112 EA per 1 FILL)
<i>vancomycin oral recon soln 50 mg/ml</i> (Firvanq)	Tier 1	QL (600 ML per 1 FILL)

Drug	Status	Notes
Infectious Disease - Parasitic		
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	Tier 3	ST: At least 2 prior prescriptions for Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, Tinidazole, or Vandazole within the past 365 days; QL (1 EA per 30 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Amebicides		
<i>paromomycin oral capsule 250 mg</i>	Tier 1	
Anaerobic Antiprotozoal-Antibacterial Agents		
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	Tier 1	
<i>metronidazole oral tablet 250 mg</i>	Tier 1	
<i>metronidazole oral tablet 500 mg</i> (Flagyl)	Tier 1	
Anthelmintics		
<i>albendazole oral tablet 200 mg</i> (Albenza)	Tier 1	
EGATEN ORAL TABLET 250 MG	Tier 3	
EMVERM ORAL TABLET,CHEWABLE 100 MG	Tier 2	PA
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	Tier 1	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	Tier 1	
Antimalarial Drugs		
ARAKODA ORAL TABLET 100 MG	Tier 3	
<i>atovaquone-proguanil oral tablet 250- 100 mg</i> (Malarone)	Tier 1	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	Tier 1	
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	QL (36 EA per 16 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	QL (18 EA per 16 days)
COARTEM ORAL TABLET 20-120 MG	Tier 3	
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	Tier 1	QL (100 EA per 30 days)

Drug	Status	Notes
KRINTAFEL ORAL TABLET 150 MG	Tier 2	QL (2 EA per 1 FILL)
<i>mefloquine oral tablet 250 mg</i>	Tier 1	
<i>primaquine oral tablet 26.3 mg</i>	Tier 2	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	Tier 1	PA; SP
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	Tier 1	
Antiparasitics		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Tier 3	
ALINIA ORAL TABLET 500 MG	Tier 3	
Antiprotozoal Drugs, Miscellaneous		
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	Tier 1	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG	Tier 2	PA
LAMPIT ORAL TABLET 120 MG, 30 MG	Tier 3	
NEBUPENT INHALATION RECON SOLN 300 MG	Tier 2	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	Tier 1	
Infectious Disease - Viral		
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
JULUCA ORAL TABLET 50-25 MG	Tier 2	SP; QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
DOVATO ORAL TABLET 50-300 MG	Tier 2	SP; QL (1 EA per 1 day)
Antiretroviral-Nucleoside, Nucleotide, Protease Inh.		
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 2	SP; QL (1 EA per 1 day)
Antivirals, General		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	Tier 1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	Tier 1	QL (40 EA per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)	Tier 1	QL (20 EA per 180 days)

Drug	Status	Notes
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	Tier 1	QL (360 ML per 180 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 3	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	Tier 3	QL (40 EA per 180 days)
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	Tier 1	
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	Tier 1	
SITAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 3	QL (4 EA per 365 days)
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG	Tier 3	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	Tier 1	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	Tier 1	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	Tier 1	
XOFLUZA ORAL TABLET 20 MG, 40 MG	Tier 2	QL (4 EA per 180 days)
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib		
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	Tier 2	SP; QL (380 ML per 30 days)
APTIVUS ORAL CAPSULE 250 MG	Tier 2	SP; QL (4 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG	Tier 2	SP; QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 2	SP; QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	Tier 2	SP; QL (8 EA per 1 day)
PREZISTA ORAL TABLET 600 MG	Tier 2	SP; QL (2 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	Tier 2	SP; QL (16 EA per 1 day)
PREZISTA ORAL TABLET 800 MG	Tier 2	SP; QL (1 EA per 1 day)
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog		
CIMDUO ORAL TABLET 300-300 MG	Tier 2	SP; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG	Tier 2	SP; QL (1 EA per 1 day)

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
<i>emtricitabine-tenofovir (tdf) oral tablet</i> (Truvada) 200-300 mg	Tier 1	SP; \$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
TEMIXYS ORAL TABLET 300-300 MG	Tier 2	SP; QL (1 EA per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	Tier 2	SP; QL (1 EA per 1 day)
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb		
<i>abacavir-lamivudine oral tablet</i> 600-300 mg (Epzicom)	Tier 1	SP; QL (1 EA per 1 day)
<i>abacavir-lamivudine-zidovudine oral tablet</i> 300-150-300 mg (Trizivir)	Tier 1	SP; QL (2 EA per 1 day)
<i>lamivudine-zidovudine oral tablet</i> 150-300 mg (Combivir)	Tier 1	SP; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.		
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 2	SP; QL (31 ML per 1 day)
SELZENTRY ORAL TABLET 150 MG, 75 MG	Tier 2	SP; QL (2 EA per 1 day)
SELZENTRY ORAL TABLET 25 MG, 300 MG	Tier 2	SP; QL (4 EA per 1 day)
Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Tier 2	PA; SP
Antivirals, Hiv-Specific, Fusion Inhibitors		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 2	SP; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Non-Nucleoside, Rti		
EDURANT ORAL TABLET 25 MG	Tier 2	SP; QL (1 EA per 1 day)
<i>efavirenz oral capsule</i> 200 mg, 50 mg (Sustiva)	Tier 1	SP
<i>efavirenz oral tablet</i> 600 mg (Sustiva)	Tier 1	SP
INTELENCE ORAL TABLET 100 MG, 25 MG	Tier 2	SP; QL (4 EA per 1 day)
INTELENCE ORAL TABLET 200 MG	Tier 2	SP; QL (2 EA per 1 day)

Drug	Status	Notes
<i>nevirapine oral suspension 50 mg/5 ml</i> (Viramune)	Tier 1	SP; QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 1	SP; QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i> (Viramune XR)	Tier 1	SP; QL (1 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG	Tier 2	SP; QL (2 EA per 1 day)
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	Tier 2	SP
Antivirals, Hiv-Specific, Nucleoside Analog, Rti		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	Tier 1	SP; QL (960 ML per 30 days)
<i>abacavir oral tablet 300 mg</i> (Ziagen)	Tier 1	SP; QL (2 EA per 1 day)
<i>didanosine oral capsule, delayed release(drlec) 250 mg, 400 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	Tier 1	SP; \$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 2	SP; QL (850 ML per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (EpiVir)	Tier 1	SP; QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i> (EpiVir)	Tier 1	SP; QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i> (EpiVir)	Tier 1	SP; QL (1 EA per 1 day)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	Tier 1	SP; QL (6 EA per 1 day)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	Tier 1	SP; QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 1	SP; QL (2 EA per 1 day)

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Antivirals, Hiv-Specific, Nucleotide Analog, Rti		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	Tier 1	SP; \$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Tier 2	SP; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 2	SP; QL (1 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitor Comb		
KALETRA ORAL TABLET 100-25 MG	Tier 2	SP; QL (2 EA per 1 day)
KALETRA ORAL TABLET 200-50 MG	Tier 2	SP; QL (4 EA per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	Tier 1	SP; QL (480 ML per 30 days)
Antivirals, Hiv-Specific, Protease Inhibitors		
<i>atazanavir oral capsule 150 mg, 200 mg</i> (Reyataz)	Tier 1	SP; QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	Tier 1	SP; QL (1 EA per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG	Tier 2	SP
EVOTAZ ORAL TABLET 300-150 MG	Tier 2	SP; QL (1 EA per 1 day)
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	Tier 1	SP; QL (4 EA per 1 day)
INVIRASE ORAL TABLET 500 MG	Tier 2	SP; QL (4 EA per 1 day)
LEXIVA ORAL SUSPENSION 50 MG/ML	Tier 2	SP; QL (1800 ML per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	Tier 2	SP; QL (12 EA per 1 day)
NORVIR ORAL SOLUTION 80 MG/ML	Tier 2	SP; QL (480 ML per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	Tier 2	SP; QL (5 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i> (Norvir)	Tier 1	SP; QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 2	SP

Drug	Status	Notes
Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr		
ISENTRESS HD ORAL TABLET 600 MG	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	Tier 2	SP; QL (6 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	Tier 2	SP; QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Tier 2	SP; QL (6 EA per 1 day)
Arv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti		
COMPLERA ORAL TABLET 200-25-300 MG	Tier 2	SP; QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG	Tier 2	SP; QL (1 EA per 1 day)
<i>efavirenz-emtricitabin-tenofof oral tablet 600-200-300 mg</i> (Atripla)	Tier 1	SP; QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofof disop oral tablet 400-300-300 mg</i> (Symfi Lo)	Tier 1	SP; QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofof disop oral tablet 600-300-300 mg</i> (Symfi)	Tier 1	SP; QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 2	SP; QL (1 EA per 1 day)
Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor		
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 2	SP; QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 2	SP; QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 2	SP; QL (1 EA per 1 day)
Arv Comb-Nrtis & Integrase Inhibitor		
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 2	SP; QL (1 EA per 1 day)
Cytochrome P450 Inhibitors		
TYBOST ORAL TABLET 150 MG	Tier 2	QL (1 EA per 1 day)

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo		
VOSEVI ORAL TABLET 400-100-100 MG	Tier 2	PA; SP
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.		
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	Tier 2	PA; SP
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Tier 2	PA; SP
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	Tier 2	PA; SP
Hep C Virus, Nucleotide Analog Ns5b Polymerase Inh		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	Tier 3	PA; SP
SOVALDI ORAL TABLET 200 MG, 400 MG	Tier 3	PA; SP
Hepatitis B Treatment Agents		
<i>adefovir oral tablet 10 mg</i> (Hepsera)	Tier 1	SP; QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 2	SP; QL (630 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	Tier 1	SP; QL (1 EA per 1 day)
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	Tier 2	QL (720 ML per 30 days)
<i>lamivudine oral tablet 100 mg</i> (EpiVir HBV)	Tier 1	QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG	Tier 3	SP; ST: Requires prior prescription for Tenofovir Disoproxil Fumarate within the past 120 days; QL (1 EA per 1 day)
Hepatitis C Treatment Agents		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 2	PA; SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 2	PA; SP
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	Tier 3	PA; SP
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	

Drug	Status	Notes
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb		
MAVYRET ORAL TABLET 100-40 MG	Tier 2	PA; SP
Inflammatory Disease		
Anti-Arthritic And Chelating Agents		
CUPRIMINE ORAL CAPSULE 250 MG	Tier 3	PA; SP
D-PENAMINE ORAL TABLET 125 MG	Tier 1	PA; SP
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	Tier 1	PA; SP
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	Tier 1	PA; SP
Anti-Arthritic, Folate Antagonist Agents		
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	Tier 2	QL (1.6 ML per 28 days)
Anti-Flam. Interleukin-1 Receptor Antagonist		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 3	SP
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 3	PA; SP
Anti-Inflammatory Tumor Necrosis Factor Inhibitor		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 3	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 3	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 3	PA; SP
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Tier 2	PA; SP
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	Tier 2	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	Tier 2	PA; SP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 2	PA; SP

Drug	Status	Notes
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 2	PA; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 2	PA; SP
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 2	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 2	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	Tier 2	PA; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	Tier 2	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 2	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 2	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 2	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 2	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	Tier 3	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 3	PA; SP
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor		
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	Tier 1	
Anti-Inflammatory, Phosphodiesterase- 4(Pde4) Inhib.		
OTEZLA ORAL TABLET 30 MG	Tier 2	PA; SP

Drug	Status	Notes
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	Tier 2	PA; SP
Antiinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	Tier 3	PA; SP
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	Tier 3	PA; SP
Bradykinin B2 Receptor Antagonists		
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)	Tier 1	PA; SP
C1 Esterase Inhibitors		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	Tier 3	PA; SP
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)	Tier 3	PA; SP
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	Tier 3	PA; SP
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	Tier 3	PA; SP
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	Tier 3	PA; SP
Glucocorticoids		
A-HYDROCORT INJECTION RECON SOLN 100 MG	Tier 1	
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Tier 3	PA
BETALOAN SUIK KIT 6 MG/ML	Tier 3	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i> (Entocort EC)	Tier 1	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i> (Uceris)	Tier 1	ST: Requires prior prescription for Balsalazide Disodium within the past 120 days
<i>cortisone oral tablet 25 mg</i>	Tier 1	

Drug	Status	Notes
DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG	Tier 1	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 3	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i> (Decadron)	Tier 1	
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>	Tier 1	
DEXONTO IONTOPHORETIC SOLUTION 0.4 %	Tier 3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	Tier 3	PA; SP
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	Tier 3	PA; SP
HEMADY ORAL TABLET 20 MG	Tier 3	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	Tier 1	
MEDROL ORAL TABLET 2 MG	Tier 2	
MEDROLOAN II SUIK KIT 40 MG/ML	Tier 3	
MEDROLOAN SUIK KIT 40 MG/ML	Tier 3	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Medrol)	Tier 1	
<i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))	Tier 1	
MILLIPRED DP ORAL TABLETS, DOSE PACK 5 MG (21 TABS), 5 MG (48 TABS)	Tier 2	
MILLIPRED ORAL TABLET 5 MG	Tier 2	
P-CARE D40G KIT 40 MG/ML	Tier 3	
P-CARE D80G KIT 40 MG/ML	Tier 3	
P-CARE K40G KIT 40 MG/ML	Tier 3	
P-CARE K80G KIT 40 MG/ML	Tier 3	
POD-CARE 100CG KIT 6 MG/ML	Tier 3	
POD-CARE 100KG KIT 40 MG/ML	Tier 3	
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 1	

Drug	Status	Notes
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	Tier 1	
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	Tier 1	
<i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 2	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	Tier 1	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	Tier 3	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	Tier 3	
TRILOAN II SUIK KIT 40 MG/ML	Tier 3	
TRILOAN SUIK KIT 40 MG/ML	Tier 3	
Gold Salts		
RIDAURA ORAL CAPSULE 3 MG	Tier 3	
Immunomodulator, B-Lymphocyte Stim(Blys)-Spec Inhib		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	Tier 3	PA; SP
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 3	PA; SP
Interleukin-6 (IL-6) Receptor Inhibitors		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 3	PA; SP
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 3	PA; SP

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 3	PA; SP
Janus Kinase (Jak) Inhibitors		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	Tier 2	PA; SP
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 2	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 2	PA; SP
Mineralocorticoids		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1	
Monoclonal Antibody-Human Interleukin 12/23 Inhib		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 2	PA; SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 2	PA; SP
Nsaid & Topical Irritant Counter-Irritant Comb.		
COMFORT PAC-IBUPROFEN KIT 800 MG	Tier 3	
COMFORT PAC-MELOXICAM KIT 15 MG	Tier 3	
COMFORT PAC-NAPROXEN KIT 500 MG	Tier 3	
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb		
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg</i> (Arthrotec 50)	Tier 1	
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i> (Arthrotec 75)	Tier 1	
Nsaids, Cyclooxygenase 2 Inhibitor - Type		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	Tier 1	
Nsaids, Cyclooxygenase Inhibitor-Type		
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	

Drug	Status	Notes
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> (Voltaren-XR)	Tier 1	
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg, 50 mg, 75 mg</i>	Tier 1	
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG	Tier 1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	
<i>etodolac oral tablet 400 mg</i> (Lodine)	Tier 1	
<i>etodolac oral tablet 500 mg</i>	Tier 1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 1	
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	Tier 1	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	Tier 1	
INDOCIN ORAL SUSPENSION 25 MG/5 ML	Tier 2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 1	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	Tier 1	
<i>ketorolac injection cartridge 15 mg/ml, 30 mg/ml</i>	Tier 1	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>	Tier 1	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	Tier 1	
<i>ketorolac intramuscular cartridge 60 mg/2 ml</i>	Tier 1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Tier 1	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	Tier 1	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
<i>ketorolac oral tablet 10 mg</i>	Tier 1	QL (20 EA per 5 days)
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i> (Mobic)	Tier 1	
<i>nabumetone oral tablet 500 mg, 750 mg</i> (Relafen)	Tier 1	
<i>naproxen oral tablet 250 mg, 375 mg</i>	Tier 1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	Tier 1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i> (EC-Naproxen)	Tier 1	
<i>naproxen sodium oral tablet 275 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	Tier 1	
<i>oxaprozin oral tablet 600 mg</i> (Daypro)	Tier 1	
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	Tier 1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
<i>tolmetin oral capsule 400 mg</i>	Tier 1	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	Tier 1	
TORONOVA II SUIK KIT 30 MG/ML	Tier 3	
TORONOVA SUIK KIT 30 MG/ML	Tier 3	
Plasma Kallikrein Inhibitors		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 3	PA; SP
Local Anesthesia		
Local Anesthetics		
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 %	Tier 1	
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML	Tier 3	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	Tier 1	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	Tier 1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 1	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	Tier 1	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML)	Tier 3	

Drug	Status	Notes
P-CARE MG (PF) KIT 0.5 % (5 MG/ML)	Tier 3	
Periodontal Anesthetics		
ORAQIX DENTAL CARTRIDGE 2.5-2.5 %	Tier 3	
Lower Gastrointestinal Disorders - Bowel Inflammation		
Bowel Antiinflammatory Agents		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
Chronic Inflammation of the Colon, 5-Aminosalicylates, Rectal Treatment		
<i>mesalamine rectal enema 4 gram/60 ml (Rowasa)</i>	Tier 1	
<i>mesalamine rectal suppository 1,000 mg (Canasa)</i>	Tier 1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml (Rowasa)</i>	Tier 1	
Drug Treatment of Chronic Inflammation of the Colon, 5-Aminosalicylates		
<i>balsalazide oral capsule 750 mg (Colazal)</i>	Tier 1	
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	Tier 1	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram (Apriso)</i>	Tier 1	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg (Asacol HD)</i>	Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	Tier 2	
<i>sulfasalazine oral tablet 500 mg (Azulfidine)</i>	Tier 1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg (Azulfidine EN-tabs)</i>	Tier 1	
Hemorrhoidal Preparation, Anti-Inflammation Steroid/Local Anesthetic		
ANA-LEX KIT RECTAL KIT 2-2 %	Tier 1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 % (Analpram-HC)</i>	Tier 1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 % (4g) (Analpram-HC Singles)</i>	Tier 1	
<i>lidocaine hcl-hydrocortisone ac rectal cream 3-0.5 %</i>	Tier 1	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
<i>lidocaine hcl-hydrocortison ac rectal gel</i> 3 %-2.5 % (7 gram)	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal kit 2</i> %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal gel</i> 2.8-0.55 %	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal kit</i> 3-2.5 % (7 gram)	Tier 1	
PROCORT RECTAL CREAM 1.85-1.15 %	Tier 3	
PROCTOFOAM HC RECTAL FOAM 1-1 %	Tier 2	
ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 %	Tier 3	
Ibs Agents, Mixed Opioid Recep Agonists/Antagonists		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 3	PA
Irritable Bowel Agents, Guanylate Cylase-C Agonist		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 2	QL (1 EA per 1 day)
Local Anorectal Nitrate Preparations		
RECTIV RECTAL OINTMENT 0.4 % (W/W)	Tier 3	
Rectal Preparations		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	Tier 1	
<i>hydrocortisone acetate rectal</i> <i>suppository 25 mg</i> (Anucort-HC)	Tier 1	
<i>hydrocortisone acetate rectal</i> <i>suppository 30 mg</i> (Proctocort)	Tier 1	
Rectal/Lower Bowel Prep., Glucocort. (Non-Hemorr)		
CORTIFOAM RECTAL FOAM 10 % (80 MG)	Tier 3	
<i>hydrocortisone rectal enema 100 mg/60</i> <i>ml</i> (Cortenema)	Tier 1	

Drug	Status	Notes
UCERIS RECTAL FOAM 2 MG/ACTUATION	Tier 3	ST: Requires prior prescription for Mesalamine W/cleansing Wipes or Mesalamine within the past 120 days
Lower Gastrointestinal Disorders - Other		
Ammonia Inhibitors		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	Tier 3	SP
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	Tier 1	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	Tier 1	
LITHOSTAT ORAL TABLET 250 MG	Tier 3	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	Tier 3	PA; SP
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl)	Tier 1	PA; SP
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	Tier 1	PA; SP
Antidiarrheal - G.I. Chloride Channel Inhibitors		
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG	Tier 3	ST: Requires prior prescription for Antiretrovirals within the past 120 days; QL (2 EA per 1 day)
Antidiarrheal - Tryptophan Hydroxylase Inhibitor		
XERMELO ORAL TABLET 250 MG	Tier 2	PA; SP
Antidiarrheals		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	Tier 1	
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	Tier 1	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 1	

Drug	Status	Notes
Bile Salts		
CHENODAL ORAL TABLET 250 MG	Tier 3	PA; SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 3	PA; SP
<i>ursodiol oral capsule 300 mg</i> (Actigall)	Tier 1	
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	Tier 1	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	Tier 1	
Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog		
OCALIVA ORAL TABLET 10 MG, 5 MG	Tier 2	PA; SP
Irritable Bowel Synd. Agent, 5HT-3 Antagonist-Type		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	Tier 1	
Laxatives And Cathartics		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	Tier 3	ST: Requires prior prescription for Linzess or Movantik within the past 120 days; QL (2 EA per 1 day)
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	Tier 2	\$0 COPAY IF AGE 50-75 YEARS
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	Tier 1	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
GAVILYTE-N ORAL RECON SOLN 420 GRAM	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM	Tier 2	\$0 COPAY IF AGE 50-75 YEARS
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	Tier 1	
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	Tier 1	
NULYTELY LEMON-LIME ORAL RECON SOLN 420 GRAM	Tier 3	\$0 COPAY IF AGE 50-75 YEARS
OSMOPREP ORAL TABLET 1.5 GRAM	Tier 3	\$0 COPAY IF AGE 50-75 YEARS

Drug	Status	Notes
<i>peg 3350-electrolytes oral recon soln</i> (GaviLyte-G) 236-22.74-6.74 -5.86 gram	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet</i> 100-7.5-2.691 gram (MoviPrep)	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
<i>peg-electrolyte soln oral recon soln</i> 420 gram (GaviLyte-N)	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
PEG-PREP ORAL KIT 5-210 MG-GRAM	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	Tier 3	\$0 COPAY IF AGE 50-75 YEARS
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM	Tier 2	\$0 COPAY IF AGE 50-75 YEARS
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	Tier 2	\$0 COPAY IF AGE 50-75 YEARS
SUTAB ORAL TABLET 1.479-0.188 GRAM	Tier 3	
TRILYTE WITH FLAVOR PACKETS ORAL RECON SOLN 420 GRAM	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
Narcotic Antagonists, Peripherally-Acting		
ENTEREG ORAL CAPSULE 12 MG	Tier 3	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG	Tier 3	PA; QL (3 EA per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Tier 3	PA; QL (0.6 ML per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	Tier 3	PA; QL (0.6 ML per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	Tier 3	PA; QL (0.4 ML per 1 day)
Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 2	PA; SP
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 2	PA; SP
Medical Supplies		
Bandages And Related Supplies		
ACESO AG TOPICAL BANDAGE 4 X 4 "	Tier 3	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 "	Tier 3	
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 ", 5 1/16 X 5 1/16 ", 6 1/16 X 6 1/16 ", 8 1/4 X 8 1/4 "	Tier 3	
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL	Tier 3	
CURAFIL GEL WOUND TOPICAL GEL	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2"	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET	Tier 3	
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 "	Tier 3	
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD	Tier 3	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD	Tier 3	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75"	Tier 3	
MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 "	Tier 3	
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM	Tier 3	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM	Tier 3	
POLYTOZA TOPICAL SHEET 5 CM X 14 CM	Tier 3	
RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 "	Tier 3	
RESTORE CONTACT LAYER SILVER TOPICAL BANDAGE 4 X 5 ", 6 X 8 "	Tier 3	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
RESTORE FOAM DRESSING SILVER TOPICAL BANDAGE 4 X 4 ", 6 X 8 "	Tier 3	
RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 "	Tier 3	
SPECTRAGEL TOPICAL GEL	Tier 3	
STRATACTX TOPICAL GEL	Tier 3	
STRATAGRT TOPICAL GEL	Tier 3	
STRATAXRT TOPICAL GEL	Tier 3	
Catheters And Related Devices		
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 14-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-"	Tier 3	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8-14 FR-"	Tier 3	
APOGEE HC INTERMIT CATHETER 12-16 FR-", 14-16 FR-", 16-16 FR-"	Tier 3	
APOGEE IC INTERMIT CATHETER 14-6 FR-"	Tier 3	
CURITY DRAINAGE BAG 2,000 ML	Tier 3	
DOVER COATED LATEX FOLEY COMBO PACK	Tier 3	
DOVER FOLEY CATHETER 24 FR	Tier 3	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR	Tier 3	
DOVER RED RUBBER ROBINSON CATH 8 FR	Tier 3	
DOVER UNIVERSAL TRAY	Tier 3	
FEMALE CATHETER 14 FR	Tier 3	
KENGUARD FOLEY CATHETER 18-16 FR-"	Tier 3	
KENGUARD FOLEY CATHETER TRAY	Tier 3	
LOFRIC 12-16 FR-", 14-16 FR-"	Tier 3	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-"	Tier 3	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-"	Tier 3	
MONO-FLO DRAINAGE BAG 2,000 ML	Tier 3	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
ROBINSON CLEAR VINYL CATHETER 16 FR	Tier 3	
SELF-CATHETER, FEMALE 14 FR	Tier 3	
SILASTIC FOLEY CATHETER 20 FR	Tier 3	
SPEEDICATH (FEMALE) 16 FR	Tier 3	
TOUCH-TROL 10 FR	Tier 3	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 14 FR- 16"	Tier 3	
Durable Medical Equipment,Misc		
ALL FLOW 1000 KIT	Tier 3	
ALL FLOW 1000 PFT FILTER	Tier 3	
ALL FLOW 3000 KIT	Tier 3	
ALL FLOW 3000 PFT FILTER	Tier 3	
ALL FLOW 4000 KIT	Tier 3	
ALL FLOW 4000 PFT FILTER	Tier 3	
ALL FLOW 5000 KIT	Tier 3	
ALL FLOW 5000 PFT FILTER	Tier 3	
ALL FLOW 6000 PFT FILTER	Tier 3	
AMIELLE VAGINAL TRAINER KIT	Tier 3	
ARGYLE TRACHEOSTOMY CARE TRAY	Tier 3	
CEFALY COMBO PACK	Tier 3	
HYPERSONIQ NEBULIZER CARTRIDGE	Tier 3	
INNOSPIRE REPLACEMENT FILTER	Tier 3	
INSPIRATION ELITE FILTER	Tier 3	
NOSE CLIP	Tier 3	
PARI BABY CONV KIT - SIZE 1 KIT	Tier 3	
PARI BABY CONV KIT - SIZE 2 KIT	Tier 3	
PARI BABY CONV KIT - SIZE 3 KIT	Tier 3	
PILLOW MASK CHILD	Tier 3	
PRO COMFORT TENS ELECTRODE PAD	Tier 3	
PRO COMFORT TENS UNIT COMBO PACK	Tier 3	
PRO-CEPTION VAGINAL	Tier 3	
PRONEB ULTRA II FILTER ASSEM	Tier 3	
REUSABLE NEBULIZER KIT KIT	Tier 3	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
RUBBER MOUTHPIECE	Tier 3	
SAMI THE SEAL MASK	Tier 3	
SIDESTREAM MASK	Tier 3	
SILICONE MASK	Tier 3	
TENS 502 DEVICE	Tier 3	
TENS 504 DEVICE	Tier 3	
Durable Medical Equipment,Misc(Group 1)		
1ST TIER UNILET COMFORTOUCH 28 GAUGE, 30 GAUGE	Tier 2	
ACCU-CHEK FASTCLIX LANCET DRUM	Tier 2	
ACCU-CHEK MULTICLIX LANCET	Tier 2	
ACCU-CHEK SAFE-T-PRO 23 GAUGE	Tier 2	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Tier 2	
ACCU-CHEK SOFTCLIX LANCETS	Tier 2	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE	Tier 2	
ADVANCED TRAVEL LANCETS 28 GAUGE, 30 GAUGE	Tier 2	
ADVOCATE LANCET 26 GAUGE, 30 GAUGE	Tier 2	
ALTERNATE SITE LANCET 26 GAUGE	Tier 2	
ASSURE HAEMOLANCE PLUS 1.2 MM, 18 GAUGE, 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 2	
ASSURE LANCE 25 GAUGE, 28 GAUGE	Tier 2	
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE	Tier 2	
BD MICROTAINER LANCET 1.5 X 2 MM, 21 GAUGE, 30 GAUGE	Tier 2	
BD ULTRA FINE LANCETS 33 GAUGE	Tier 2	
BD ULTRA-FINE II LANCETS 30 GAUGE	Tier 2	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 2	
CAREONE THIN LANCET	Tier 2	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
CAREONE ULTRA THIN LANCET	Tier 2	
CARESENS LANCETS 30 GAUGE	Tier 2	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE	Tier 2	
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
CLEVER CHEK LANCETS 30 GAUGE	Tier 2	
COAGUCHEK LANCETS	Tier 2	
COLOR LANCETS 21 GAUGE	Tier 2	
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE	Tier 2	
COMFORT LANCETS	Tier 2	
DROPLET LANCETS 30 GAUGE	Tier 2	
EASY COMFORT LANCETS 30 GAUGE	Tier 2	
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	Tier 2	
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	Tier 2	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE	Tier 2	
EASY TWIST AND CAP LANCETS 28 GAUGE	Tier 2	
EMBRACE LANCETS 30 GAUGE	Tier 2	
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE	Tier 2	
E-Z JECT THIN LANCETS 28 GAUGE	Tier 2	
EZ SMART LANCETS 28 GAUGE	Tier 2	
EZ-LETS 26 GAUGE	Tier 2	
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE, 32 GAUGE	Tier 2	
FINE 30 UNIVERSAL LANCETS 30 GAUGE	Tier 2	
FINGERSTIX LANCETS	Tier 2	
FORACARE LANCETS 30 GAUGE	Tier 2	
FREESTYLE LANCETS 28 GAUGE	Tier 2	
FREESTYLE UNISTIK 2	Tier 2	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
GOJJI LANCETS 30 GAUGE	Tier 2	
HEALTHY ACCENTS UNILET LANCET 30 GAUGE	Tier 2	
INCONTROL SUPER THIN LANCETS 30 GAUGE	Tier 2	
INCONTROL ULTRA THIN LANCETS 28 GAUGE	Tier 2	
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE	Tier 2	
INVACARE LANCETS 30 GAUGE	Tier 2	
<i>lancets</i> (Accu-Chek Fastclix Lancet Drum)	Tier 2	
<i>lancets 21 gauge</i> (Assure Haemolance Plus)	Tier 2	
<i>lancets 26 gauge</i> (Advocate Lancet)	Tier 2	
<i>lancets 28 gauge, 30 gauge</i> (1st Tier Unilet ComforTouch)	Tier 2	
<i>lancets 33 gauge</i> (BD Ultra Fine Lancets)	Tier 2	
LANCETS, SUPER THIN	Tier 2	
LANCETS, THIN , 23 GAUGE, 28 GAUGE	Tier 2	
LANCETS, ULTRA THIN , 26 GAUGE	Tier 2	
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
MEDISENSE THIN LANCETS 28 GAUGE	Tier 2	
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE	Tier 2	
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM	Tier 2	
MICRO THIN LANCETS 33 GAUGE	Tier 2	
MICROLET LANCET	Tier 2	
MONOLET LANCETS 21 GAUGE	Tier 2	
MONOLET THIN LANCETS 28 GAUGE	Tier 2	
MYGLUCOHEALTH LANCETS 30 GAUGE	Tier 2	
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE	Tier 2	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
NOVA SUREFLEX LANCETS	Tier 2	
ON CALL LANCET 30 GAUGE	Tier 2	
ON CALL PLUS LANCET 30 GAUGE	Tier 2	
ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE	Tier 2	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE	Tier 2	
ONETOUCH SURESOFT LANCING DEV 28 GAUGE	Tier 2	
ONETOUCH ULTRASOFT LANCETS	Tier 2	
ON-THE-GO LANCETS 30 GAUGE	Tier 2	
PIP LANCET 28 GAUGE, 30 GAUGE	Tier 2	
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE	Tier 2	
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE	Tier 2	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE	Tier 2	
PRODIGY TWIST TOP LANCET 28 GAUGE	Tier 2	
PURE COMFORT LANCETS 30 GAUGE	Tier 2	
PURE COMFORT SAFETY LANCETS 30 GAUGE	Tier 2	
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE	Tier 2	
READYLANCER SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Tier 2	
RELIAMED TWIST AND CAP LANCET 28 GAUGE	Tier 2	
RELION THIN LANCETS 26 GAUGE	Tier 2	
RELION ULTRA THIN PLUS LANCETS	Tier 2	
RIGHTTEST GL300 LANCETS 30 GAUGE	Tier 2	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE	Tier 2	
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Tier 2	
SAFETY-LET LANCETS 30 GAUGE	Tier 2	
SINGLE-LET	Tier 2	
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE	Tier 2	
SMARTEST LANCET	Tier 2	
SOFT TOUCH LANCETS	Tier 2	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE	Tier 2	
STERILANCE TL 30 GAUGE, 32 GAUGE	Tier 2	
SUPER THIN LANCETS , 28 GAUGE, 30 GAUGE	Tier 2	
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
SURE-LANCE , 26 GAUGE, 28 GAUGE	Tier 2	
SURE-LANCE ULTRA THIN 30 GAUGE	Tier 2	
SURE-TOUCH LANCET	Tier 2	
TECHLITE LANCETS 25 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
TELCARE LANCETS 30 GAUGE	Tier 2	
THIN LANCETS 26 GAUGE	Tier 2	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE	Tier 2	
TRUE COMFORT LANCET 30 GAUGE	Tier 2	
TRUEPLUS LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
TWIST LANCETS 30 GAUGE, 32 GAUGE	Tier 2	
ULTILET BASIC LANCETS 30 GAUGE	Tier 2	
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
ULTILET SAFETY LANCETS 23 GAUGE	Tier 2	
ULTRA FINE LANCETS 30 GAUGE	Tier 2	
ULTRA THIN II LANCETS 30 GAUGE	Tier 2	
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE	Tier 2	
ULTRA THIN PLUS LANCETS 33 GAUGE	Tier 2	
ULTRA TLC LANCETS	Tier 2	
ULTRA-CARE LANCETS 30 GAUGE	Tier 2	
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE	Tier 2	
ULTRA-THIN II LANCETS 28 GAUGE	Tier 2	
UNILET COMFORTOUCH LANCET , 26 GAUGE	Tier 2	
UNILET EXCELITE II LANCET	Tier 2	
UNILET EXCELITE LANCET	Tier 2	
UNILET GP LANCET	Tier 2	
UNILET LANCET 28 GAUGE, 33 GAUGE	Tier 2	
UNILET LANCETS 30 GAUGE	Tier 2	
UNILET SUPER THIN LANCETS 30 GAUGE	Tier 2	
UNISTIK 3 COMFORT LANCET	Tier 2	
UNISTIK 3 EXTRA LANCET 21 GAUGE	Tier 2	
UNISTIK 3 GENTLE 30 GAUGE	Tier 2	
UNISTIK 3 LANCETS 21 GAUGE	Tier 2	
UNISTIK 3 NORMAL LANCET 23 GAUGE	Tier 2	
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE	Tier 2	
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 2	
UNISTIK SAFETY 28 GAUGE, 30 GAUGE	Tier 2	
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
VIVAGUARD LANCET 30 GAUGE	Tier 2	
Feeding Devices		
ENTERAL GRAVITY BAG SET-ENFIT	Tier 3	
KANGAROO 924 SAFETY SCREW	Tier 3	
KANGAROO EPUMP SET	Tier 3	
KANGAROO GRAVITY SET	Tier 3	
RELIZORB CARTRIDGE	Tier 3	
Incontinence Supplies		
FLEXI-SEAL SIGNAL FMS RECTAL	Tier 3	
Medical Supplies,Miscellaneous		
VARITHENA ADMINISTRATION PACK	Tier 3	
Medical Supplies,Miscellaneous(Group 2)		
EAR POPPER INFLATION DEVICE NASAL DEVICE	Tier 3	
PCCA ACCUPEN-15 DEVICE	Tier 3	
Medical Supplies,Miscellaneous(Group 3)		
<i>myelogram tray tray</i>	Tier 3	
Parenteral Administration Sets		
ACCU-CHEK LINKASSIST INS DEV	Tier 3	
ACCU-CHEK RAPID-D LINK 70 CM	Tier 3	
ACCU-CHEK RAPID-D LINK INFUSION SET 10 X 20 MM-CM	Tier 3	
ACCU-CHEK SPIRIT ADAPTER	Tier 3	
ACCU-CHEK SPIRIT CARTRIDGE SYS	Tier 3	
ACCU-CHEK SPIRIT CLIP CASE	Tier 3	
BD INSYTE AUTOGUARD INFUSION SET 24 GAUGE X 3/4"	Tier 3	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4"	Tier 3	
FILTERED EXTENSION SET INFUSION SET	Tier 3	
HI-VOLUME PUMPING CHAMBER SET	Tier 3	
INSUFLOX INFUSION SET 25 X 18 MM	Tier 3	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 "	Tier 3	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
I-PORT	Tier 3	
I-PORT ADVANCE 6 MM INJEC PORT	Tier 3	
I-PORT ADVANCE 9 MM INJEC PORT	Tier 3	
MICROBORE EXTENSION SET INFUSION SET	Tier 3	
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY	Tier 3	
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 "	Tier 3	
PARADIGM SILHOUETTE INFUS SET	Tier 3	
PHASEAL ASSEMBLY FIXTURE DEVICE	Tier 3	
PHASEAL CONNECTOR LUER LOCK	Tier 3	
PHASEAL INFUSION ADAPTER	Tier 3	
PHASEAL INFUSION CLAMP	Tier 3	
PHASEAL INJECTOR LUER	Tier 3	
PHASEAL INJECTOR LUER LOCK	Tier 3	
PHASEAL SECONDARY SET INFUSION SET	Tier 3	
PHASEAL Y-SITE	Tier 3	
RATE FLOW REGULATOR IV SET INFUSION SET	Tier 3	
SURE-T INFUSION SET	Tier 3	
Syringes And Accessories		
ADVOCATE SYRINGES SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
ASSURE ID INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	Tier 2	

Drug	Status	Notes
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	Tier 2	
BD INSULIN SYRINGE HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 5/16"	Tier 2	
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 2	
BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2"	Tier 2	
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML	Tier 2	
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	Tier 2	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16"	Tier 2	
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2"	Tier 2	
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2"	Tier 2	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	Tier 2	
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	Tier 2	
BD VEO INSULIN SYR HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 15/64"	Tier 2	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Tier 2	
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 2	
DROPLET INSULIN SYR HALF UNIT SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"	Tier 2	
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	Tier 2	

Drug	Status	Notes
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	Tier 2	
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Tier 2	
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	Tier 2	
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	Tier 2	
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	Tier 2	
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML	Tier 2	
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	Tier 2	
EASY TOUCH UNI-SLIP SYRINGE 1 ML	Tier 2	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 2	
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
<i>insulin syringe u100 half mark syringe 0.3 ml 31 gauge x 1/4"</i> (UltiCare Insulin Syr Half Unit)	Tier 2	
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2"	Tier 2	
<i>insulin syringe needleless syringe 1 ml</i> (BD Insulin Syringe Slip Tip)	Tier 2	
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge</i> (Ultilet Insulin Syringe)	Tier 2	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 29 gauge x 1/2", 1 ml 30 gauge x 5/16, 1 ml 31 gauge x 5/16</i> (Advocate Syringes)	Tier 2	
<i>insulin syringe-needle u-100 syringe 0.3 ml 30</i> (Ultra Comfort Insulin Syringe)	Tier 2	
<i>insulin syringe-needle u-100 syringe 0.3 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 1/2"</i> (BD Insulin Syringe Ultra-Fine)	Tier 2	

Drug	Status	Notes
<i>insulin syringe-needle u-100 syringe 0.3 ml 31 gauge x 1/4", 1 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 1/4"</i> (Sure Comfort Insulin Syringe)	Tier 2	
<i>insulin syringe-needle u-100 syringe 0.3 ml 31 gauge x 15/64", 1 ml 31 gauge x 15/64", 1/2 ml 31 gauge x 15/64"</i> (BD Veo Insulin Syringe UF)	Tier 2	
<i>insulin syringe-needle u-100 syringe 1 ml 27 gauge x 1/2", 1 ml 28 gauge x 1/2"</i> (BD Insulin Syringe)	Tier 2	
<i>insulin syringe-needle u-100 syringe 1 ml 28 gauge, 1 ml 30 gauge x 7/16", 1/2 ml 28 gauge, 1/2 ml 29, 1/2 ml 30 gauge</i> (Lite Touch Insulin Syringe)	Tier 2	
<i>insulin syringe-needle u-100 syringe 1 ml 29 gauge x 7/16"</i>	Tier 2	
<i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 1/2"</i> (BD Eclipse Luer-Lok)	Tier 2	
<i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8"</i> (Thinpro Insulin Syringe)	Tier 2	
<i>insulin syringe-needle u-100 syringe 1/2 ml 27 gauge x 1/2"</i> (Easy Touch Insulin Syringe)	Tier 2	
<i>insulin syringe-needle u-100 syringe 1/2 ml 28 gauge x 1/2"</i> (BD Lo-Dose Micro-Fine IV)	Tier 2	
INTERLINK LEVER LOCK CANNULA	Tier 3	
KENDALL DISINFECTANT CAP	Tier 3	
LITE TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29, 1/2 ML 30 GAUGE	Tier 2	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	Tier 2	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	Tier 2	
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2"	Tier 2	
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	Tier 2	
MINIMED SYRINGE RESERVOIR 1.8 ML, 3 ML	Tier 3	
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 29 GAUGE X 1/2"	Tier 2	
MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML , 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 2	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	Tier 2	
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE	Tier 2	
PARADIGM RESERVOIR 1.8 ML, 3 ML	Tier 3	
PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2"	Tier 2	
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	Tier 2	
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"	Tier 2	
SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 2	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
TECHLITE INSULIN SYR HALF UNIT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	Tier 2	
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	Tier 2	
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	Tier 2	
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	Tier 2	
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	Tier 2	

Drug	Status	Notes
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 2	
ULTICARE INSULIN SYR HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 1/4"	Tier 2	
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"	Tier 2	
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	Tier 2	
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 29	Tier 2	
ULTRA CMFT INS SYR HALF UNIT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	Tier 2	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	Tier 2	
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2"	Tier 2	
ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16"	Tier 2	
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	
Miscellaneous Agents		
Amyloidosis Agents-Transthyretin (Ttr) Suppression		
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	Tier 3	PA; SP

Drug	Status	Notes
Anaphylaxis Therapy Agents		
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q)	Tier 1	QL (4 EA per 1 FILL)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	Tier 1	QL (4 EA per 1 FILL)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	Tier 2	QL (4 EA per 1 FILL)
Genetic D/O Tx-Exon Inclusion		
Antisense Oligonucle		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	Tier 3	PA; SP
Miscellaneous Agents		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	Tier 3	
Parasympathetic Agents		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	Tier 1	
<i>guanidine oral tablet 125 mg</i>	Tier 1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	Tier 1	
Pharmacological Chaperone-Alpha-Galactosid.A Stabz		
GALAFOLD ORAL CAPSULE 123 MG	Tier 3	PA; SP
Pku Treatment Agents - Phenylalanine Ammonia Lyase		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	Tier 2	PA; SP
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase		
<i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Kuvan)	Tier 1	PA; SP
<i>sapropterin oral tablet, soluble 100 mg</i> (Kuvan)	Tier 1	PA; SP
Systemic Enzyme Inhibitors		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	Tier 3	SP
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	Tier 3	SP
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+-)/20 ML	Tier 3	SP

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	Tier 3	SP
Topical Anticholinergic Hyperhidrosis Tx Agents		
QBREXZA TOPICAL TOWELETTE 2.4 %	Tier 2	PA
Neoplastic Disease		
Alkylating Agents		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 1	SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 3	PA; SP
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	Tier 1	
LEUKERAN ORAL TABLET 2 MG	Tier 2	SP
<i>melphalan oral tablet 2 mg</i> (Alkeran)	Tier 1	
MYLERAN ORAL TABLET 2 MG	Tier 2	SP
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i> (Temodar)	Tier 1	PA; SP
Antiandrogenic Agents		
<i>abiraterone oral tablet 250 mg</i> (Zytiga)	Tier 1	PA; SP
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	Tier 1	
ERLEADA ORAL TABLET 60 MG	Tier 2	PA; SP
<i>flutamide oral capsule 125 mg</i>	Tier 1	
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	Tier 1	SP; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG	Tier 2	PA; SP
XTANDI ORAL CAPSULE 40 MG	Tier 2	PA; SP
YONSA ORAL TABLET 125 MG	Tier 3	PA; SP
ZYTIGA ORAL TABLET 500 MG	Tier 2	PA; SP
Antibiotic Antineoplastics		
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG	Tier 3	PA; SP
Antimetabolites		
<i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda)	Tier 1	PA; SP
INQOVI ORAL TABLET 35-100 MG	Tier 2	PA; SP
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 2	PA; SP
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 1	

Drug	Status	Notes
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 2	PA; SP
PURIXAN ORAL SUSPENSION 20 MG/ML	Tier 2	SP; ST: Requires prior prescription for Mercaptopurine within the past 120 days
TABLOID ORAL TABLET 40 MG	Tier 2	SP
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 2	
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 3	SP; ST: Requires prior prescription for Methotrexate tablets or injection solution within the past 120 days if 12 years of age and older; QL (120 ML per 60 days)
Antineoplastic Aromatase Inhibitors		
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	Tier 1	\$0 COPAY IF 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>exemestane oral tablet 25 mg</i> (Aromasin)	Tier 1	\$0 COPAY IF 40 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>letrozole oral tablet 2.5 mg</i> (Femara)	Tier 1	
Antineoplastic - Braf Kinase Inhibitors		
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	Tier 2	PA; SP
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 2	PA; SP
ZELBORAF ORAL TABLET 240 MG	Tier 2	PA; SP; QL (8 EA per 1 day)
Antineoplastic - Hedgehog Pathway Inhibitor		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 2	PA; SP

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
ERIVEDGE ORAL CAPSULE 150 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
ODOMZO ORAL CAPSULE 200 MG	Tier 2	PA; SP
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 2	PA; SP
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
COTELLIC ORAL TABLET 20 MG	Tier 2	PA; SP; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 2	PA; SP
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 2	PA; SP
MEKTOVI ORAL TABLET 15 MG	Tier 2	PA; SP; QL (6 EA per 1 day)
Antineoplastic - Mtor Kinase Inhibitors		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	Tier 2	PA; SP
AFINITOR ORAL TABLET 10 MG	Tier 2	PA; SP
<i>everolimus (antineoplastic) oral tablet</i> (Afinitor) 2.5 mg, 5 mg, 7.5 mg	Tier 1	PA; SP
Antineoplastic - Protein Methyltransferase Inhibit		
TAZVERIK ORAL TABLET 200 MG	Tier 2	PA; SP
Antineoplastic - Topoisomerase I Inhibitors		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 2	SP
Antineoplastic Comb - Kinase And Aromatase Inhibit		
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	Tier 3	PA; SP
Antineoplastic Immunomodulator Agents		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	PA; SP

Drug	Status	Notes
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Tier 2	PA; SP
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	Tier 3	PA; SP
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 3	SP; QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier 3	SP; QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	Tier 3	SP; QL (2 EA per 365 days)
Antineoplastic Systemic Enzyme Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	Tier 2	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 3	PA; SP
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 3	PA; SP
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 2	PA; SP
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 2	PA; SP
BOSULIF ORAL TABLET 100 MG	Tier 2	PA; SP; QL (3 EA per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
BRUKINSA ORAL CAPSULE 80 MG	Tier 2	PA; SP
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 2	PA; SP
CALQUENCE ORAL CAPSULE 100 MG	Tier 2	PA; SP
CAPRELSA ORAL TABLET 100 MG	Tier 3	PA; SP; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG	Tier 3	PA; SP; QL (1 EA per 1 day)

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	Tier 2	PA; SP; QL (112 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 3	PA; SP
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i> (Tarceva)	Tier 1	PA; SP
GAVRETO ORAL CAPSULE 100 MG	Tier 2	PA; SP
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 2	PA; SP
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 2	PA; SP
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 2	PA; SP
ICLUSIG ORAL TABLET 15 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
ICLUSIG ORAL TABLET 45 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
<i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)	Tier 1	PA; SP
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 2	PA; SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	Tier 2	PA; SP
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 2	PA; SP
INREBIC ORAL CAPSULE 100 MG	Tier 2	PA; SP
IRESSA ORAL TABLET 250 MG	Tier 2	PA; SP
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	Tier 3	PA; SP
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	Tier 1	PA; SP
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	Tier 2	PA; SP

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 2	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 2	PA; SP
NERLYNX ORAL TABLET 40 MG	Tier 2	PA; SP
NEXAVAR ORAL TABLET 200 MG	Tier 2	PA; SP; QL (4 EA per 1 day)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 2	PA; SP
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 2	PA; SP
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	Tier 2	PA; SP
QINLOCK ORAL TABLET 50 MG	Tier 2	PA; SP
RETEVMO ORAL CAPSULE 40 MG, 80 MG	Tier 2	PA; SP
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 2	PA; SP
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 3	PA; SP
RYDAPT ORAL CAPSULE 25 MG	Tier 2	PA; SP
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 2	PA; SP
STIVARGA ORAL TABLET 40 MG	Tier 2	PA; SP; QL (3 EA per 1 day)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 2	PA; SP
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 2	PA; SP
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	Tier 2	PA; SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 2	PA; SP; QL (4 EA per 1 day)
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 2	PA; SP

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
TURALIO ORAL CAPSULE 200 MG	Tier 2	PA; SP
TYKERB ORAL TABLET 250 MG	Tier 2	PA; SP
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 2	PA; SP
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 2	PA; SP
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 2	PA; SP
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 2	PA; SP
VOTRIENT ORAL TABLET 200 MG	Tier 2	PA; SP; QL (4 EA per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 2	PA; SP
XOSPATA ORAL TABLET 40 MG	Tier 2	PA; SP
ZEJULA ORAL CAPSULE 100 MG	Tier 2	PA; SP
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 2	PA; SP
ZYKADIA ORAL TABLET 150 MG	Tier 2	PA; SP
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Tier 2	PA; SP
ZOLINZA ORAL CAPSULE 100 MG	Tier 2	SP
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 2	PA; SP
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Tier 2	PA; SP
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 3	PA; SP
TIBSOVO ORAL TABLET 250 MG	Tier 2	PA; SP
Antineoplastics,Miscellaneous		
<i>etoposide oral capsule 50 mg</i>	Tier 1	
LYSODREN ORAL TABLET 500 MG	Tier 2	SP
MATULANE ORAL CAPSULE 50 MG	Tier 2	SP

Drug	Status	Notes
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	Tier 3	PA; SP
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 1	SP
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)		
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 40 MG/WEEK (20 MG X 2), 40MG TWICE WEEK (80 MG/WEEK), 60 MG/WEEK (20 MG X 3), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (20 MG X 4), 80MG TWICE WEEK (160 MG/WEEK)	Tier 2	PA; SP
Chemotherapy Rescue/Antidote Agents		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	
MESNEX ORAL TABLET 400 MG	Tier 3	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	Tier 2	SP; QL (24 EA per 14 days)
Intrapleural Sclerosing Agents, Antineoplast. Adj.		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM	Tier 3	
<i>sterile talc intrapleural suspension for reconstitution 5 gram</i>	Tier 1	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM	Tier 3	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM	Tier 3	
Photoactivated, Antineopls. & Premalignant Lesions		
AMELUZ TOPICAL GEL 10 %	Tier 3	
LEVULAN TOPICAL SOLUTION 20 %	Tier 3	
Radioactive Therapeutic Agents		
HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML	Tier 3	
<i>sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)</i>	Tier 1	

Drug	Status	Notes
<i>sodium iodide-131 oral capsule 3.7 mbq (100 microci)</i>	Tier 1	
Selective Estrogen Receptor Modulators (Serm)		
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Tier 2	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	\$0	
<i>toremifene oral tablet 60 mg</i> (Fareston)	Tier 1	PA; SP
Selective Retinoid X Receptor Agonists (Rxr)		
<i>bexarotene oral capsule 75 mg</i> (Targretin)	Tier 1	PA; SP
Steroid Antineoplastics		
EMCYT ORAL CAPSULE 140 MG	Tier 2	SP
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	
Neurological Disease - Miscellaneous		
Agents To Treat Multiple Sclerosis		
AUBAGIO ORAL TABLET 14 MG, 7 MG	Tier 2	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 2	PA; SP
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 2	PA; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 2	PA; SP
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG	Tier 2	PA; SP
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	Tier 2	PA; SP
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> (Tecfidera)	Tier 1	PA; SP
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	Tier 2	PA; SP
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> (Glatopa)	Tier 1	PA; SP
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	Tier 1	PA; SP
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	Tier 2	PA; SP

Drug	Status	Notes
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAYZENT ORAL TABLET 0.25 MG, 2 MG	Tier 2	PA; SP
MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Tier 2	PA; SP
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 2	PA; SP
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 2	PA; SP
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 2	PA; SP
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 2	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 2	PA; SP
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Tier 2	PA; SP
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 3	PA; SP

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG	Tier 3	PA; SP
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	Tier 3	PA; SP
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	Tier 1	PA; SP
FIRDAPSE ORAL TABLET 10 MG	Tier 3	PA; SP
RUZURGI ORAL TABLET 10 MG	Tier 3	PA; SP
Amyotrophic Lateral Sclerosis Agents		
<i>riluzole oral tablet 50 mg</i> (Rilutek)	Tier 1	
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 3	PA; SP
Fibromyalgia Agents,Serotonin- Norepineph Ru Inhib		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 2	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	Tier 2	
Movement Disorders(Drug Therapy)		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 3	PA; SP
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Tier 3	PA; SP
INGREZZA ORAL CAPSULE 40 MG, 80 MG	Tier 3	PA; SP
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	Tier 1	PA; SP
Neuropathic Agents		
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG	Tier 3	
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists		
NUDEXTA ORAL CAPSULE 20-10 MG	Tier 3	PA

Drug	Status	Notes
Oral/Pharyngeal Disorders		
Dental Aids And Preparations		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex Oral Rinse)	Tier 1	
ORALONE DENTAL PASTE 0.1 %	Tier 1	
PAROEX ORAL RINSE MUCOUS MEMBRANE MOUTHWASH 0.12 %	Tier 1	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	Tier 1	
Q-CARE RX Q2 KIT 0.12 %	Tier 3	
Q-CARE RX Q4 KIT 0.12 %	Tier 3	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)	Tier 1	
Nose Preparations, Miscellaneous (Rx)		
<i>cocaine nasal solution 4 %</i> (Numbrino)	Tier 1	
<i>ipratropium bromide nasal spray, non-aerosol 0.03 %, 42 mcg (0.06 %)</i>	Tier 1	
NUMBRINO NASAL SOLUTION 4 %	Tier 1	
Periodontal Collagenase Inhibitors		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
Other Drugs		
Abortifacient, Progesterone Receptor Antagonist-Typ		
MIFEPREX ORAL TABLET 200 MG	Tier 3	
<i>mifepristone oral tablet 200 mg</i> (Mifeprex)	Tier 1	
Agents For Stomatological Use		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	Tier 3	
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 %	Tier 3	
Antivenins		
ANASCORP INTRAVENOUS RECON SOLN 120 MG	Tier 3	
Appetite Stim. For Anorexia, Cachexia, Wasting Synd.		
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	Tier 1	

Drug	Status	Notes
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Tier 1	ST: Requires prior prescription for Megestrol Acetate within the past 120 days
Blood Collection Set With Local Anesthetics		
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 %	Tier 3	
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 %	Tier 3	
Blood Testing Preparations,In-Vitro		
COAGUCHEK XS	Tier 3	
Cardioplegic Solutions		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM), 36 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA INDUCTION 8:1 PERFUSION SOLUTION 100 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAIN 8:1 NO-ENRCH PERFUSION SOLUTION 24 MEQ/300 ML (POTASSIUM)	Tier 1	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
CARDIOPLEGIA MAINT 4:1 PLASMA PERFUSION SOLUTION 30 MEQ/1,047 ML (POTASSIUM)	Tier 3	
CARDIOPLEGIA MAINT 4:1 RINGER PERFUSION SOLUTION 12 MEQ/504.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM), 36 MEQ/L (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINTENANCE 8:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/500 ML (POTASSIUM), 7.5 MEQ/238.75 ML (POTASSIUM)	Tier 3	
<i>cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)</i>	Tier 1	
<i>cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)</i>	Tier 1	
<i>cardioplegic soln perfusion solution 16 meq/l (= k+)</i> (Plegisol)	Tier 1	
<i>cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)</i>	Tier 1	
<i>microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 1	
<i>microplegic solution no.1-cp2d perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 1	
Cholinesterase Reactivat.&Muscarinic Antg.Antidote		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 3	
Cholinesterase Reactivating,Organophos. Antidotes		
<i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>	Tier 3	

Drug	Status	Notes
Conception Assistance Supplies		
CONCEPTION KIT	Tier 3	
Condoms		
FC2 FEMALE CONDOM	\$0	QL (30 EA per 30 days)
Cryopreservative Agents		
CRYOSERV SOLUTION 99 %	Tier 3	
Diluent Solutions		
DILUENT FOR ROTARIX ORAL SYRINGE	Tier 3	
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION	Tier 3	
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION	Tier 3	
Drugs To Treat Hereditary Tyrosinemia		
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i> (Orfadin)	Tier 1	PA; SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 2	PA; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	Tier 2	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 2	PA; SP
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing		
CERDELGA ORAL CAPSULE 84 MG	Tier 3	PA; SP
<i>miglustat oral capsule 100 mg</i> (Zavesca)	Tier 1	PA; SP
General Anesthetics - Benzodiazepine, Injectable		
<i>midazolam (pf) injection solution 5 mg/ml</i>	Tier 1	
<i>midazolam injection solution 5 mg/ml</i>	Tier 1	
General Anesthetics, Inhalant		
<i>desflurane inhalation liquid 100 %</i> (Suprane)	Tier 1	
<i>isoflurane inhalation liquid 99.9 %</i> (Terrell)	Tier 1	
<i>sevoflurane inhalation liquid</i> (Ultane)	Tier 1	
SUPRANE INHALATION LIQUID 100 %	Tier 3	
TERRELL INHALATION LIQUID 99.9 %	Tier 1	
General Inhalation Agents		
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	Tier 1	

Drug	Status	Notes
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	Tier 3	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %</i>	Tier 1	
<i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal)	Tier 1	
<i>sodium chloride inhalation solution for nebulization 7 %</i> (Pulmosal)	Tier 1	
Homeopathic Drugs		
AURUMHEEL ORAL DROPS	Tier 3	
CANTHARIS COMPOSITUM ORAL DROPS	Tier 3	
CRALONIN ORAL DROPS	Tier 3	
EYE ORAL TABLET,SOLUBLE	Tier 3	
LAMIOFLUR ORAL DROPS	Tier 3	
PLANTAGO-HOMACCORD ORAL DROPS	Tier 3	
POPULUS COMPOSITUM ORAL DROPS	Tier 3	
PSORINOHEEL ORAL DROPS	Tier 3	
RENEEL ORAL TABLET,SOLUBLE	Tier 3	
SABAL-HOMACCORD ORAL DROPS	Tier 3	
SYZYGIIUM COMPOSITUM ORAL DROPS	Tier 3	
VERTIGOHEEL ORAL DROPS	Tier 3	
VERTIGOHEEL ORAL TABLET,SOLUBLE	Tier 3	
Intra-Uterine Devices (IUD's)		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG	\$0	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/24 HRS (6 YRS) 52 MG	\$0	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	\$0	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Metabolic Deficiency Agents		
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	Tier 3	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	Tier 3	SP
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	Tier 1	
<i>levocarnitine oral solution 100 mg/ml</i> (Carnitor (sugar-free))	Tier 1	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	Tier 1	
Metabolic Disease Enzyme Replace, Hypophosphatasia		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	Tier 2	PA; SP
Metabolic Dx Enzyme Replacemt, Sev. Comb. Immune Def.		
REVCOSI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	Tier 3	PA; SP
Metallic Poison, Agents To Treat		
CHEMET ORAL CAPSULE 100 MG	Tier 3	
CLOVIQUE ORAL CAPSULE 250 MG	Tier 1	PA; SP
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	Tier 1	PA; SP
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	Tier 1	PA; SP
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)	Tier 1	PA; SP
<i>deferiprone oral tablet 500 mg</i> (Ferriprox)	Tier 1	PA; SP
<i>deferoxamine injection recon soln 2 gram, 500 mg</i> (Desferal)	Tier 1	PA
FERRIPROX (2 TIMES A DAY) ORAL TABLET 1,000 MG	Tier 3	PA; SP
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 3	PA; SP
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	Tier 3	PA; SP
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	Tier 3	

Drug	Status	Notes
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	Tier 3	
<i>trientine oral capsule 250 mg</i> (Clonidine)	Tier 1	PA; SP
Muscarinic Receptor Antagonists		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	Tier 3	
Needles/Needleless Devices		
1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
ADVOCATE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32"	Tier 2	
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16"	Tier 2	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 2	
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	Tier 2	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	Tier 2	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	Tier 2	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	
CARETOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32"	Tier 2	
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"	Tier 2	
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 2	
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32"	Tier 2	
EASY TOUCH NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Tier 2	
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 30 GAUGE X 3/16"	Tier 2	
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
INSUPEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	
LITE TOUCH INSULIN PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 2	
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	Tier 2	
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16"	Tier 2	
MICRODOT INSULIN PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16"	Tier 2	
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"	Tier 2	
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3"	Tier 2	

Drug	Status	Notes
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"	Tier 2	
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	Tier 2	
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
<i>pen needle, diabetic needle 29 gauge x 1/2", 31 gauge x 1/4", 31 gauge x 3/16", 31 gauge x 5/16", 32 gauge x 5/32"</i> (1st Tier Unifine Pentips)	Tier 2	
<i>pen needle, diabetic needle 30 gauge x 5/16"</i> (AboutTime Pen Needle)	Tier 2	
<i>pen needle, diabetic needle 31 gauge x 1/3", 31 gauge x 1/6"</i>	Tier 2	
<i>pen needle, diabetic needle 32 gauge x 1/4"</i> (BD Ultra-Fine Micro Pen Needle)	Tier 2	
<i>pen needle, diabetic needle 32 gauge x 3/16"</i> (CareFine Pen Needle)	Tier 2	
<i>pen needle, diabetic needle 33 gauge x 5/32"</i> (Advocate Pen Needle)	Tier 2	
PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	
PRO COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
RELION NEEDLES NEEDLE 31 GAUGE X 1/4"	Tier 2	
RELION PEN NEEDLES NEEDLE 32 GAUGE X 5/32"	Tier 2	

Drug	Status	Notes
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 2	
SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 2	
SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 2	
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
ULTICARE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 2	
ULTIGUARD SAFE PACK NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 2	
ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32"	Tier 2	
ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16"	Tier 2	
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
ULTRACARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16"	Tier 2	
ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2"	Tier 2	
UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16"	Tier 2	
UNIFINE PENTIPS NEEDLE 29 GAUGE, 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16"	Tier 2	
UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	
VERIFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	
Ointment/Cream Bases		
RADIAGEL TOPICAL GEL	Tier 3	
Oral Lipid Supplements		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	Tier 3	PA; SP
Oral Mucositis/Stomatitis Agents		
GELX MUCOUS MEMBRANE GEL	Tier 3	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	Tier 3	
Saliva Stimulant Agents		
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM	Tier 3	
Saliva Substitute Agents		
NUMOISYN MUCOUS MEMBRANE LIQUID	Tier 3	

Drug	Status	Notes
Sexual Dysfunction Devices		
RAPPORT VACUUM THERAPY KIT	Tier 3	
Skin Tissue Replacement		
APLIGRAF TOPICAL DISK	Tier 3	
DERMAGRAFT TOPICAL SHEET 2 X 3 "	Tier 3	
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 5 X 6 CM, 7 X 7 CM	Tier 3	
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 3	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 3	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM	Tier 3	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM	Tier 3	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM	Tier 3	
Solvents		
<i>isopropyl alcohol solution 70 %</i> (Alcohol, Rubbing)	Tier 3	
<i>isopropyl alcohol solution 91 %, 99 %</i>	Tier 3	
MURI-LUBE OIL	Tier 3	
Somatostatic Agents		
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 2,500 MCG/ML	Tier 3	PA; SP
MYCAPSSA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG	Tier 3	PA; SP
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	Tier 1	SP
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)	Tier 1	SP
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 1	SP

Drug	Status	Notes
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Tier 3	PA; SP
Support Hosiery		
T.E.D. ANTI-EMBOLISM STOCKING	Tier 3	
T.E.D. KNEE LENGTH-M-LONG	Tier 3	
T.E.D. KNEE LENGTH-S-REGULAR	Tier 3	
Suspending Agents		
GELFILM IMPLANT FILM	Tier 3	
<i>hydroxypropyl cellulose powder</i>	Tier 3	
<i>hypromellose powder</i> (Methocel E 4 M)	Tier 3	
Tissue/Wound Adhesives		
ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML)	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML	Tier 3	
Vaccine Adjuvants		
SHINGRIX ADJUVANT COMPONENT-PF INTRAMUSCULAR SUSPENSION	\$0	QL (1 ML per 365 days); Age (Min 50 Years)
Vehicles		
<i>citric acid (bulk) powder</i>	Tier 3	
<i>citric acid anhydrous (bulk) granules 100 %</i>	Tier 3	
Other Respiratory Disorders		
Antifibrotic Therapy - Pyridone Analogs		
ESBRIET ORAL CAPSULE 267 MG	Tier 2	PA; SP
ESBRIET ORAL TABLET 267 MG, 801 MG	Tier 2	PA; SP
Cystic Fib.Transmemb Conduct.Reg.(Cftr)Potentiator		
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	Tier 2	PA; SP
KALYDECO ORAL TABLET 150 MG	Tier 2	PA; SP

Drug	Status	Notes
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	Tier 2	PA; SP
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 2	PA; SP
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	Tier 2	PA; SP
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	Tier 2	PA; SP
Lung Surfactants		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	Tier 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	Tier 3	
SURFAXIN INTRATRACHEAL SUSPENSION 34 MG/ML	Tier 3	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	Tier 3	
Mucolytics		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 2	PA; SP
Pulmonary Fibrosis - Systemic Enzyme Inhibitors		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 2	PA; SP
Pain Management - Analgesics		
Analgesic, Non-Salicylate & Barbiturate Comb.		
<i>butalbital-acetaminophen oral tablet 50-300 mg</i> (Bupap)	Tier 1	ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (6 EA per 1 day)

Drug	Status	Notes
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)	Tier 1	
TENCON ORAL TABLET 50-325 MG	Tier 1	
Analgesic, Salicylate, Barbiturate, & Xanthine Cmb		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> (Fiorinal)	Tier 1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Tier 1	
Analgesic, Non-Salicylate, Barbiturate, & Xanthine Cmb		
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)	Tier 1	
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i> (Zebutal)	Tier 1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	Tier 1	
FIORICET ORAL CAPSULE 50-300-40 MG	Tier 1	
ZEBUTAL ORAL CAPSULE 50-325-40 MG	Tier 1	
Analgesic/Antipyretics, Salicylates		
<i>aspirin oral tablet 325 mg</i> (Lite Coat Aspirin)	\$0	
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i> (Aspir-Trin)	\$0	
ASPIR-TRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG	\$0	
<i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 1	
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
ECOTRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG	\$0	
LITE COAT ASPIRIN ORAL TABLET 325 MG	\$0	
<i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)	Tier 1	
Analgesics, Narcotic Agonist And Nsaid Combination		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i> (Ibudone)	Tier 1	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	Tier 1	
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	Tier 1	
XYLON 10 ORAL TABLET 10-200 MG	Tier 1	
Analgesics,Narcotics		
ARYMO ER ORAL TABLET,ORAL ONLY,EXTND RELEASE 15 MG, 30 MG, 60 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 1	
BUPRENEX INJECTION SOLUTION 0.3 MG/ML	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine hcl injection solution 0.3 mg/ml</i> (Buprenex)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	Tier 1	
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	Tier 1	
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>codeine sulfate oral tablet 60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	Tier 3	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML	Tier 3	
<i>fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 500 mcg/50 ml (10 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> (Actiq)	Tier 1	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> (Duragesic)	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 3 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 3 days)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i> (Zohydro ER)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	Tier 1	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	Tier 1	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	Tier 1	

Drug	Status	Notes
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>hydromorphone rectal suppository 3 mg</i>	Tier 1	
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>meperidine injection cartridge 10 mg/ml</i>	Tier 1	
<i>meperidine oral solution 50 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day)
<i>meperidine oral tablet 100 mg</i> (Demerol)	Tier 1	QL (6 EA per 1 day)
<i>meperidine oral tablet 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>methadone injection solution 10 mg/ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 ML per 1 day)
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 ML per 1 day)

Drug	Status	Notes
<i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 ML per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (20 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (40 ML per 1 day)
<i>methadone oral tablet 10 mg</i> (Dolophine)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>methadone oral tablet 5 mg</i> (Dolophine)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)
<i>methadone oral tablet, soluble 40 mg</i> (Methadose)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
METHADOSE ORAL TABLET, SOLUBLE 40 MG	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>morphine (pf) intravenous syringe 1 mg/2 ml</i>	Tier 1	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 1	

Drug	Status	Notes
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 275 mg/55 ml (5 mg/ml)</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml, 5 mg/ml</i>	Tier 1	
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i>	Tier 1	
<i>morphine intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	Tier 1	
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>morphine oral tablet 15 mg, 30 mg</i>	Tier 1	
<i>morphine oral tablet extended release (MS Contin) 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	Tier 1	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	Tier 2	QL (6 EA per 1 day)
OXAYDO ORAL TABLET, ORAL ONLY 5 MG, 7.5 MG	Tier 3	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
<i>oxycodone oral capsule 5 mg</i>	Tier 1	
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 1	
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 1	
<i>oxycodone oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>oxycodone oral tablet 15 mg, 30 mg, 5 mg</i> (Roxicodone)	Tier 1	
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg</i> (OxyContin)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg</i> (OxyContin)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 1	
QDOLO ORAL SOLUTION 5 MG/ML	Tier 3	PA

Drug	Status	Notes
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 1,200 MCG (600 MCG/SPRAY X 2), 1,600 MCG (800 MCG/SPRAY X 2), 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY	Tier 3	
<i>tramadol oral capsule, er biphasic 24 hr 25-75 150 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet 50 mg</i> (Ultram)	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphasic 24 hr 100 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphasic 24 hr 200 mg, 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR 20 MG, 40 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
Antimigraine Preparations		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i> (D.H.E.45)	Tier 1	QL (15 ML per 14 days)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (8 ML per 28 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	Tier 2	PA

Drug	Status	Notes
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 2	PA
ERGOMAR SUBLINGUAL TABLET 2 MG	Tier 3	QL (10 EA per 7 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i> (Cafergot)	Tier 1	QL (10 EA per 7 days)
<i>frovatriptan oral tablet 2.5 mg</i> (Frova)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	Tier 2	QL (5 EA per 7 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i> (Amerge)	Tier 1	QL (18 EA per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	Tier 2	PA
REYVOW ORAL TABLET 100 MG, 50 MG	Tier 2	PA
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg</i> (Maxalt-MLT)	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet,disintegrating 5 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i> (Imitrex)	Tier 1	QL (6 EA per 15 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	Tier 1	QL (9 EA per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	Tier 1	QL (3 EA per 5 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	Tier 1	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	Tier 1	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	Tier 1	QL (5 ML per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 1	QL (4 ML per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 2	PA

Drug	Status	Notes
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i> (Zomig ZMT)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG	Tier 2	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG	Tier 2	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (6 EA per 15 days)
Calcitonin Gene-Related Peptide (Cgrp) Inhibitors		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 2	PA
Narc. & Non-Sal. Analgesic, Barbiturate & Xanthine Cmb		
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i> (Fioricet with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic & Salicylate Analgesics, Barb. & Xanthine		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes
BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50- 325-40 MG	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-butalbital-asa-caff oral capsule</i> (Ascomp with Codeine) <i>30-50-325-40 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic Analgesic & Non-Salicylate Analgesic Comb		
<i>acetaminophen-codeine oral solution</i> <i>120 mg-12 mg /5 ml (5 ml), 120-12 mg/5</i> <i>ml</i>	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral solution</i> <i>300 mg-30 mg /12.5 ml</i>	Tier 1	Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-</i> <i>15 mg, 300-30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-</i> <i>60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	Tier 3	ST: Requires prior prescription for Hydrocodone/acetaminoph en tablets within the past 120 days; QL (12 EA per 1 day)
<i>benzhydrocodone-acetaminophen oral</i> (Apadaz) <i>tablet 4.08-325 mg, 6.12-325 mg, 8.16-</i> <i>325 mg</i>	Tier 1	ST: Requires prior prescription for Hydrocodone/acetaminoph en tablets within the past 120 days; QL (12 EA per 1 day)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral</i> <i>solution 7.5-325 mg/15 ml</i>	Tier 1	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet</i> (Vicodin HP) <i>10-300 mg</i>	Tier 1	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet</i> (Norco) <i>10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet</i> <i>2.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet</i> <i>5-300 mg, 7.5-300 mg</i>	Tier 1	QL (13 EA per 1 day)

Drug	Status	Notes
LORCET HD ORAL TABLET 10-325 MG	Tier 1	QL (12 EA per 1 day)
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	Tier 3	QL (200 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet</i> (Endocet) 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (12 EA per 1 day)
PRIMLEV ORAL TABLET 10-300 MG	Tier 1	QL (13 EA per 1 day)
PRIMLEV ORAL TABLET 5-300 MG, 7.5-300 MG	Tier 3	QL (13 EA per 1 day)
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	Tier 1	QL (13 EA per 1 day)
<i>tramadol-acetaminophen oral tablet</i> (Ultracet) 37.5-325 mg	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
VICODIN HP ORAL TABLET 10-300 MG	Tier 1	QL (13 EA per 1 day)
Narcotic And Salicylate Analgesic Combination		
<i>oxycodone-aspirin oral tablet</i> 4.8355-325 mg	Tier 1	
Narcotic Withdrawal Therapy Agents		
BUNAVAIL BUCCAL FILM 2.1-0.3 MG	Tier 3	QL (1 EA per 1 day)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG	Tier 3	QL (2 EA per 1 day)
<i>buprenorphine hcl sublingual tablet</i> 2 mg, 8 mg	Tier 1	QL (3 EA per 1 day)
<i>buprenorphine-naloxone sublingual film</i> (Suboxone) 12-3 mg, 8-2 mg	Tier 1	QL (2 EA per 1 day)
<i>buprenorphine-naloxone sublingual film</i> (Suboxone) 2-0.5 mg, 4-1 mg	Tier 1	QL (1 EA per 1 day)
<i>buprenorphine-naloxone sublingual tablet</i> 2-0.5 mg, 8-2 mg	Tier 1	QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	Tier 2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	Tier 2	QL (2 EA per 1 day)
Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist		
LUCEMYRA ORAL TABLET 0.18 MG	Tier 3	PA

Drug	Status	Notes
Skeletal Muscle		
Relaxant,Salicylate,Narc Analgesic		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Parkinsons Disease		
Antiparkinsonism		
Drugs,Anticholinergic		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 1	
Antiparkinsonism Drugs,Other		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 1	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	Tier 3	PA; SP
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	Tier 1	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	Tier 1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> (Sinemet)	Tier 1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200)	Tier 1	

Drug	Status	Notes
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	Tier 3	PA; SP
<i>entacapone oral tablet 200 mg</i> (Comtan)	Tier 1	
INBRIJA INHALATION CAPSULE 42 MG	Tier 3	PA; SP
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	Tier 3	PA; SP
KYNMOBI SUBLINGUAL FILM 10 MG, 10-15-20-25-30 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 3	PA; SP
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	Tier 2	ST: Requires prior prescription for immediate- release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
NOURIANZ ORAL TABLET 20 MG, 40 MG	Tier 3	PA
ONGENTYS ORAL CAPSULE 50 MG	Tier 3	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex)	Tier 1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i> (Mirapex ER)	Tier 1	ST: Requires prior prescription for immediate- release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	Tier 1	QL (1 EA per 1 day)
<i>ropinirole oral tablet 0.25 mg, 3 mg, 5 mg</i> (Requip)	Tier 1	
<i>ropinirole oral tablet 0.5 mg, 1 mg, 2 mg, 4 mg</i>	Tier 1	

Drug	Status	Notes
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 6 mg</i> (Requip XL)	Tier 1	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
<i>ropinirole oral tablet extended release 24 hr 4 mg, 8 mg</i>	Tier 1	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 3	ST: Requires prior prescription for Carbidopa/levodopa within the past 120 days; QL (10 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	
<i>tolcapone oral tablet 100 mg</i> (Tasmar)	Tier 1	ST: Requires prior prescription for within the past 120 days; QL (3 EA per 1 day)
XADAGO ORAL TABLET 100 MG, 50 MG	Tier 3	ST: Requires prior prescription for Carbidopa/levodopa, Duopa, or Rytary within the past 120 days; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET, DISINTEGRATING 1.25 MG	Tier 3	ST: Requires prior prescription for generic Selegiline capsules or tablets within the past 120 days; QL (2 EA per 1 day)
Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	Tier 1	

Drug	Status	Notes
Seizure Disorder		
Anticonvulsant - Benzodiazepine Type		
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	Tier 1	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	Tier 1	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)	Tier 1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	Tier 2	QL (1 EA per 1 FILL)
DIASTAT RECTAL KIT 2.5 MG	Tier 2	QL (1 EA per 1 FILL)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i> (Diastat AcuDial)	Tier 1	QL (1 EA per 1 FILL)
<i>diazepam rectal kit 2.5 mg</i> (Diastat)	Tier 1	QL (1 EA per 1 FILL)
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 2	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 3	QL (10 EA per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Tier 3	PA
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	Tier 3	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 3	PA; SP
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	Tier 3	QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	Tier 3	QL (2 EA per 1 day)
BANZEL ORAL TABLET 200 MG	Tier 3	QL (16 EA per 1 day)
BANZEL ORAL TABLET 400 MG	Tier 3	QL (8 EA per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 3	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 3	QL (2 EA per 1 day)

Drug	Status	Notes
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	Tier 1	
<i>carbamazepine oral tablet 200 mg</i> (Eptol)	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	Tier 1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 2	
CELONTIN ORAL CAPSULE 300 MG	Tier 3	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Tier 2	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	Tier 2	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	Tier 2	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Tier 3	PA; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	Tier 3	PA; SP
DILANTIN EXTENDED ORAL CAPSULE 100 MG	Tier 2	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	Tier 2	
DILANTIN ORAL CAPSULE 30 MG	Tier 2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	Tier 2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	Tier 1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	Tier 1	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
<i>divalproex oral tablet, delayed release (dr/ec)</i> 125 mg, 250 mg, 500 mg (Depakote)	Tier 1	
EPITOL ORAL TABLET 200 MG	Tier 1	
<i>ethosuximide oral capsule</i> 250 mg (Zarontin)	Tier 1	
<i>ethosuximide oral solution</i> 250 mg/5 ml (Zarontin)	Tier 1	
<i>felbamate oral suspension</i> 600 mg/5 ml (Felbatol)	Tier 1	QL (30 ML per 1 day)
<i>felbamate oral tablet</i> 400 mg (Felbatol)	Tier 1	QL (9 EA per 1 day)
<i>felbamate oral tablet</i> 600 mg (Felbatol)	Tier 1	QL (6 EA per 1 day)
FELBATOL ORAL SUSPENSION 600 MG/5 ML	Tier 2	QL (30 ML per 1 day)
FELBATOL ORAL TABLET 400 MG	Tier 2	QL (9 EA per 1 day)
FELBATOL ORAL TABLET 600 MG	Tier 2	QL (6 EA per 1 day)
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Tier 3	PA; SP
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 3	QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	Tier 3	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	Tier 3	QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	Tier 3	QL (60 EA per 30 days)
<i>gabapentin oral capsule</i> 100 mg, 300 mg, 400 mg (Neurontin)	Tier 1	
<i>gabapentin oral solution</i> 250 mg/5 ml (Neurontin)	Tier 1	
<i>gabapentin oral solution</i> 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	Tier 1	
<i>gabapentin oral tablet</i> 600 mg, 800 mg (Neurontin)	Tier 1	
GABITRIL ORAL TABLET 12 MG, 2 MG, 4 MG	Tier 2	QL (4 EA per 1 day)
GABITRIL ORAL TABLET 16 MG	Tier 2	QL (3 EA per 1 day)
KEPPRA ORAL SOLUTION 100 MG/ML	Tier 2	
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	Tier 2	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	Tier 2	
LAMICTAL ODT ORAL TABLET, DISINTEGRATING 100 MG	Tier 2	QL (3 EA per 1 day)
LAMICTAL ODT ORAL TABLET, DISINTEGRATING 200 MG	Tier 2	QL (2 EA per 1 day)

Drug	Status	Notes
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 25 MG, 50 MG	Tier 2	QL (6 EA per 1 day)
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	Tier 2	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	Tier 2	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	Tier 2	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 2	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	Tier 2	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	Tier 2	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	Tier 2	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	Tier 2	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG	Tier 2	QL (3 EA per 1 day)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 200 MG, 250 MG, 300 MG	Tier 2	QL (2 EA per 1 day)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 25 MG, 50 MG	Tier 2	QL (6 EA per 1 day)
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	Tier 3	

Drug	Status	Notes
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	Tier 3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	Tier 3	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	Tier 1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i> (Lamictal ODT Starter (Blue))	Tier 1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange))	Tier 1	
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i> (Lamictal ODT Starter (Green))	Tier 1	
<i>lamotrigine oral tablet extended release 24hr 100 mg</i> (Lamictal XR)	Tier 1	QL (3 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg</i> (Lamictal XR)	Tier 1	QL (2 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 25 mg, 50 mg</i> (Lamictal XR)	Tier 1	QL (6 EA per 1 day)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	Tier 1	
<i>lamotrigine oral tablet,disintegrating 100 mg</i> (Lamictal ODT)	Tier 1	QL (3 EA per 1 day)
<i>lamotrigine oral tablet,disintegrating 200 mg</i> (Lamictal ODT)	Tier 1	QL (2 EA per 1 day)
<i>lamotrigine oral tablet,disintegrating 25 mg, 50 mg</i> (Lamictal ODT)	Tier 1	QL (6 EA per 1 day)
<i>lamotrigine oral tablets,dose pack 25 mg (35)</i> (Subvenite Starter (Blue) Kit)	Tier 1	
<i>lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7)</i> (Subvenite Starter (Orange) Kit)	Tier 1	
<i>lamotrigine oral tablets,dose pack 25 mg (84) -100 mg (14)</i> (Subvenite Starter (Green) Kit)	Tier 1	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	Tier 1	
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	Tier 1	

MedPerform Medium Formulary

01/01/2021

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	Tier 1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	Tier 1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	Tier 2	
LYRICA ORAL SOLUTION 20 MG/ML	Tier 2	
MYSOLINE ORAL TABLET 250 MG, 50 MG	Tier 2	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	Tier 2	
NEURONTIN ORAL SOLUTION 250 MG/5 ML	Tier 2	
NEURONTIN ORAL TABLET 600 MG, 800 MG	Tier 2	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	Tier 1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	Tier 1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	Tier 3	QL (1 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	Tier 3	QL (4 EA per 1 day)
PEGANONE ORAL TABLET 250 MG	Tier 3	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	Tier 2	
<i>phenytoin oral suspension 100 mg/4 ml</i>	Tier 1	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	Tier 1	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	Tier 1	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	Tier 1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	Tier 1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> (Lyrica)	Tier 1	
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	Tier 1	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	Tier 1	
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 25 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 150 MG, 200 MG	Tier 2	QL (2 EA per 1 day)
ROWEEPRA ORAL TABLET 1,000 MG, 500 MG, 750 MG	Tier 2	
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	Tier 2	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	Tier 1	QL (80 ML per 1 day)
SABRIL ORAL TABLET 500 MG	Tier 3	SP; QL (6 EA per 1 day)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	Tier 3	QL (2 EA per 1 day)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	Tier 3	QL (4 EA per 1 day)
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 1	
SUBVENITE STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	Tier 1	
SUBVENITE STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	Tier 1	
SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	Tier 1	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	Tier 2	
TEGRETOL ORAL TABLET 200 MG	Tier 2	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	Tier 2	
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i> (Gabitril)	Tier 1	QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i> (Gabitril)	Tier 1	QL (3 EA per 1 day)

Drug	Status	Notes
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	Tier 2	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	Tier 2	
<i>topiramate oral capsule, sprinkle 15 mg,</i> (Topamax) <i>25 mg</i>	Tier 1	
<i>topiramate oral capsule, sprinkle, er 24hr</i> (Qudexy XR) <i>100 mg, 25 mg, 50 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr</i> (Qudexy XR) <i>150 mg, 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg,</i> (Topamax) <i>25 mg, 50 mg</i>	Tier 1	
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	Tier 2	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	Tier 2	
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG	Tier 2	QL (2 EA per 1 day)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 25 MG	Tier 2	QL (8 EA per 1 day)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 50 MG	Tier 2	QL (4 EA per 1 day)
<i>valproic acid (as sodium salt) oral</i> <i>solution 250 mg/5 ml, 500 mg/10 ml (10</i> <i>ml)</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	Tier 1	SP; QL (6 EA per 1 day)
<i>vigabatrin oral tablet 500 mg</i> (Sabril)	Tier 1	SP; QL (6 EA per 1 day)
VIGADRONE ORAL POWDER IN PACKET 500 MG	Tier 1	SP; QL (6 EA per 1 day)
VIMPAT ORAL SOLUTION 10 MG/ML	Tier 2	QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 2	QL (2 EA per 1 day)
VIMPAT ORAL TABLETS, DOSE PACK 50 MG (14)- 100 MG (14)	Tier 2	

Drug	Status	Notes
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 350 MG/DAY (200 MG X1-150MG X1)	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 120 days; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
XCOPRI ORAL TABLET 200 MG	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 120 days; QL (2 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 120 days; QL (1 EA per 1 day)
ZARONTIN ORAL CAPSULE 250 MG	Tier 2	
ZARONTIN ORAL SOLUTION 250 MG/5 ML	Tier 2	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	Tier 2	
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	Tier 1	
<i>zonisamide oral capsule 50 mg</i>	Tier 1	
Skeletal Muscle Disorder		
Agents To Tx Periodic Paralysis -		
Carbon Anhyd Inh		
KEVEYIS ORAL TABLET 50 MG	Tier 2	PA; SP

Drug	Status	Notes
Skeletal Muscle Relax.& Top.Irritant Counter-Irritant		
COMFORT PAC-CYCLOBENZAPRINE KIT 10 MG	Tier 3	
COMFORT PAC-TIZANIDINE KIT 4 MG	Tier 3	
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	Tier 1	QL (4 EA per 1 day)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 1	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>dantrolene oral capsule 100 mg</i>	Tier 1	
<i>dantrolene oral capsule 25 mg, 50 mg</i> (Dantrium)	Tier 1	
METAXALL ORAL TABLET 800 MG	Tier 1	
<i>metaxalone oral tablet 400 mg</i>	Tier 1	
<i>metaxalone oral tablet 800 mg</i> (Metaxall)	Tier 1	
<i>methocarbamol oral tablet 500 mg</i>	Tier 1	
<i>methocarbamol oral tablet 750 mg</i> (Robaxin-750)	Tier 1	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	Tier 3	QL (4 EA per 1 day)
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 1	
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i> (Orphengesic Forte)	Tier 1	QL (4 EA per 1 day)
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	Tier 1	QL (4 EA per 1 day)
OZOBAX ORAL SOLUTION 5 MG/5 ML	Tier 3	PA
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i> (Zanaflex)	Tier 1	
<i>tizanidine oral tablet 2 mg</i>	Tier 1	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	Tier 1	
Smoking Cessation		
Smoking Deterrent Agents (Ganglionic Stim,Others)		
<i>nicotine (polacrilex) buccal gum 2 mg</i> (Quit 2)	\$0	QL (9 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal gum 4 mg</i> (Quit 4)	\$0	QL (9 EA per 1 day); Age (Min 18 Years)

Drug	Status	Notes
<i>nicotine (polacrilex) buccal lozenge 2 mg</i> (Quit 2)	\$0	QL (9 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal lozenge 4 mg</i> (Quit 4)	\$0	QL (9 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal mini lozenge</i> (Nicorette) 2 mg, 4 mg	\$0	QL (9 EA per 1 day); Age (Min 18 Years)
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i> (Nicoderm CQ)	\$0	QL (1 EA per 1 day); Age (Min 18 Years)
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	\$0	QL (1 EA per 1 day); Age (Min 18 Years)
NICOTROL INHALATION CARTRIDGE 10 MG	\$0	ST: Requires prior prescription for Nicotine transdermal patch within the past 120 days; QL (1008 EA per 90 days); Age (Min 18 Years)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	\$0	ST: Requires prior prescription for Nicotine transdermal patch within the past 120 days; QL (160 ML per 90 days); Age (Min 18 Years)
QUIT 2 BUCCAL GUM 2 MG	\$0	QL (9 EA per 1 day); Age (Min 18 Years)
QUIT 2 BUCCAL LOZENGE 2 MG	\$0	QL (9 EA per 1 day); Age (Min 18 Years)
QUIT 4 BUCCAL GUM 4 MG	\$0	QL (9 EA per 1 day); Age (Min 18 Years)
QUIT 4 BUCCAL LOZENGE 4 MG	\$0	QL (9 EA per 1 day); Age (Min 18 Years)
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG	\$0	QL (9 EA per 1 day); Age (Min 18 Years)
Smoking Deterrent-Nicotinic Recept.Partial Agonist		
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	\$0	QL (2 EA per 1 day); Age (Min 18 Years)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	\$0	QL (2 EA per 1 day); Age (Min 18 Years)

Drug	Status	Notes
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	\$0	QL (2 EA per 1 day); Age (Min 18 Years)
Smoking Deterrents, Other		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	\$0	QL (2 EA per 1 day); Age (Min 18 Years)
Upper Gastrointestinal Disorders - Digestive		
Gastric Enzymes		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 3	PA; SP
Pancreatic Enzymes		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000- 19,000 -30,000 UNIT	Tier 2	
VIOKACE ORAL TABLET 10,440- 39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	Tier 3	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000- 10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	Tier 2	
Upper Gastrointestinal Disorders - Spastic Disease		
Anticholinergics/Antispasmodics		
<i>dicyclomine oral capsule 10 mg</i>	Tier 1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 1	
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	
Belladonna Alkaloids		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	Tier 1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i> (Hyosyne)	Tier 1	

Drug	Status	Notes
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i> (Hyosyne)	Tier 1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i> (Oscimin)	Tier 1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Oscimin SR)	Tier 1	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i> (Ed-Spaz)	Tier 1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Oscimin SL)	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML	Tier 1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG	Tier 1	
OSCIMIN SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	Tier 1	
SYMAX DUOTAB ORAL TABLET, EXTENDED RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	Tier 3	
Upper Gastrointestinal Disorders - Ulcer Disease		
Anticholinergics, Quaternary Ammonium		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i> (Librax (with clidinium))	Tier 1	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	Tier 3	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>propantheline oral tablet 15 mg</i>	Tier 1	
Anti-Ulcer Preparations		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	Tier 1	
<i>sucralfate oral suspension 100 mg/ml</i> (Carafate)	Tier 1	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	Tier 1	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Anti-Ulcer-H.Pylori Agents		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 1	QL (112 EA per 10 days)
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	Tier 3	
PYLERA ORAL CAPSULE 140-125-125 MG	Tier 3	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	Tier 3	QL (168 EA per 14 days); Age (Min 18 Years)
Histamine H2-Receptor Inhibitors		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 1	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	Tier 1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 1	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	Tier 1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	Tier 1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	
<i>nizatidine oral solution 150 mg/10 ml</i>	Tier 1	
Intestinal Motility Stimulants		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	Tier 3	PA; SP
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	Tier 1	
<i>metoclopramide hcl oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 1	
Proton-Pump Inhibitors		
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG, 5 MG	Tier 3	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Protonix within the past 365 days; QL (1 EA per 1 day)

Drug	Status	Notes
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEASE 30 MG, 60 MG	Tier 2	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix within the past 120 days; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release (dr/lec) 20 mg</i> (Nexium)	Tier 1	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release (dr/lec) 40 mg</i> (Nexium)	Tier 1	QL (2 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet)	Tier 1	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	Tier 1	QL (2 EA per 1 day)
<i>esomeprazole strontium oral capsule, delayed release (dr/lec) 49.3 mg</i>	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Protonix within the past 120 days; QL (4 EA per 1 day)
<i>lansoprazole oral capsule, delayed release (dr/lec) 15 mg, 30 mg</i> (Prevacid)	Tier 1	
<i>lansoprazole oral tablet, disintegrating, delayed release 15 mg, 30 mg</i> (Prevacid SoluTab)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 120 days
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
<i>omeprazole oral capsule, delayed release (dr/lec) 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i> (Zegerid)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix within the past 120 days; QL (1 EA per 1 day)

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i> (Zegerid)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix within the past 120 days; QL (1 EA per 1 day)
<i>pantoprazole oral granules dr for susp in packet 40 mg</i> (Protonix)	Tier 1	ST: Requires prior prescription for Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec within the past 120 days
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg, 40 mg</i> (Protonix)	Tier 1	
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	Tier 3	
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	Tier 3	ST: Requires prior prescription for Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec within the past 120 days
<i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i> (AcipHex Sprinkle)	Tier 1	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Protonix within the past 365 days; QL (1 EA per 1 day)
<i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i> (AcipHex)	Tier 1	QL (1 EA per 1 day)
Urinary Tract - Functional Disorders		
Benign Prostatic Hypertrophy/Micturition Agents		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	Tier 1	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	Tier 1	
<i>finasteride oral tablet 5 mg</i> (Proscar)	Tier 1	

Drug	Status	Notes
<i>silodosin oral capsule 4 mg, 8 mg</i> (Rapaflo)	Tier 1	ST: Requires prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL within the past 120 days
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	Tier 1	
Bph Agents,5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	Tier 1	ST: Requires prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL within the past 120 days
Cystine-Depleting Agents, Nephropathic Cystinosis		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 3	SP
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	Tier 2	PA; SP
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	Tier 2	PA; SP
Kidney Stone Agents		
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	Tier 2	SP
THIOLA ORAL TABLET 100 MG	Tier 2	SP
Overactive Bladder Agents, Beta-3 Adrenergic Recep		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	Tier 2	
Urinary Ph Modifiers		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Tier 3	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG	Tier 3	

Drug	Status	Notes
ORACIT ORAL SOLUTION 490-640 MG/5 ML	Tier 3	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	Tier 1	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	Tier 1	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	Tier 3	
SHOHL'S MODIFIED ORAL SOLUTION 500-300 MG/5 ML	Tier 3	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	Tier 3	
Urinary Tract Analgesic Agents		
ELMIRON ORAL CAPSULE 100 MG	Tier 2	PA
Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)	Tier 1	
Urinary Tract Antispasmodic, M(3) Selective Antag.		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 1	
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	Tier 1	
Urinary Tract Antispasmodic/Antiincontinence Agent		
<i>flavoxate oral tablet 100 mg</i>	Tier 1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	Tier 3	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 1	
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i> (Ditropan XL)	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	Tier 1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	Tier 3	

Drug	Status	Notes
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	Tier 1	
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	Tier 1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	Tier 2	
<i>tropium oral capsule,extended release 24hr 60 mg</i>	Tier 1	
<i>tropium oral tablet 20 mg</i>	Tier 1	
Vaginal Disorders		
Vaginal Antibiotics		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 3	ST: At least 2 prior prescriptions for Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, Tinidazole, or Vandazole within the past 365 days; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	Tier 1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	Tier 3	
<i>metronidazole vaginal gel 0.75 %</i> (Vandazole)	Tier 1	
NUVESSA VAGINAL GEL 1.3 %	Tier 3	
VANDAZOLE VAGINAL GEL 0.75 %	Tier 2	
Vaginal Antifungals		
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	Tier 1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	
Vaginal Antiseptics		
FEM PH VAGINAL GEL 0.9-0.025 %	Tier 3	
RELAGARD VAGINAL GEL 0.9-0.025 %	Tier 3	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	Tier 3	

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Vaginal Estrogen For Sexual Dysfunction		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 3	ST: Requires prior prescription for Estring, Intrarosa, Ospheña, or Premarin within the past 120 days; QL (18 EA per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	Tier 3	ST: Requires prior prescription for Estring, Intrarosa, Ospheña, or Premarin within the past 120 days; QL (18 EA per 28 days)
Vaginal Estrogen Preparations		
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	Tier 1	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvafer)	Tier 1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	Tier 2	QL (1 EA per 90 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	Tier 3	ST: Requires prior prescription for Estring, Intrarosa, Ospheña, or Premarin within the past 120 days; QL (1 EA per 84 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	Tier 2	
YUVAFEM VAGINAL TABLET 10 MCG	Tier 1	
Vitamin And/Or Mineral Deficiency		
Fluoride Preparations		
CLINPRO 5000 DENTAL PASTE 1.1 %	Tier 3	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	Tier 1	
DENTAGEL DENTAL GEL 1.1 %	Tier 1	
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML	Tier 3	
<i>fluoride (sodium) dental cream 1.1 %</i> (Denta 5000 Plus)	Tier 1	
<i>fluoride (sodium) dental gel 1.1 %</i> (DentaGel)	Tier 1	

Drug	Status	Notes
<i>fluoride (sodium) dental paste 1.1 %</i> (Clinpro 5000)	Tier 1	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	\$0	Age (Max 6 Years)
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride)</i> (Ludent Fluoride)	\$0	Age (Max 6 Years)
<i>fluoride (sodium) oral tablet,chewable 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i> (Fluoritab)	\$0	Age (Max 6 Years)
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	Tier 3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	Tier 3	
FLURA-DROPS ORAL DROPS 0.25 MG(0.55 MG SOD.FLUOR)/DROP	Tier 3	
GEL-KAM DENTAL GEL 0.4 %	Tier 1	
PERIO MED DENTAL SOLUTION 0.63 %	Tier 3	
PHOS-FLUR DENTAL SOLUTION 0.02 % (0.044 % SOD. FLUORIDE)	Tier 3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 %	Tier 3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	Tier 3	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	Tier 3	
PREVIDENT DENTAL SOLUTION 0.2 %	Tier 3	
SF 5000 PLUS DENTAL CREAM 1.1 %	Tier 1	
SF DENTAL GEL 1.1 %	Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 %	Tier 1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> (Fluoridex Sensitivity Relief)	Tier 1	
Folic Acid Preparations		
<i>folic acid injection solution 5 mg/ml</i>	Tier 1	
<i>folic acid oral tablet 1 mg</i>	Tier 1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	\$0	
Iron Replacement		
CHILDREN'S IRON ORAL DROPS 15 MG IRON (75 MG)/ML	\$0	Age (Max 1 Years)

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i> (Children's Iron)	\$0	Age (Max 1 Years)
PEDIA IRON ORAL DROPS 15 MG IRON (75 MG)/ML	\$0	Age (Max 1 Years)
Vitamin B Preparations		
POTABA ORAL CAPSULE 500 MG	Tier 3	
Vitamin D Preparations		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	Tier 1	
Weight Reduction		
Anorexic Agents		
<i>benzphetamine oral tablet 50 mg</i>	Tier 1	
<i>diethylpropion oral tablet 25 mg</i>	Tier 1	
<i>diethylpropion oral tablet extended release 75 mg</i>	Tier 1	
LOMAIRA ORAL TABLET 8 MG	Tier 1	
<i>phendimetrazine tartrate oral capsule, extended release 105 mg</i>	Tier 1	
<i>phendimetrazine tartrate oral tablet 35 mg</i>	Tier 1	
<i>phentermine oral capsule 15 mg, 30 mg</i>	Tier 1	
<i>phentermine oral capsule 37.5 mg</i> (Adipex-P)	Tier 1	
<i>phentermine oral tablet 37.5 mg</i> (Adipex-P)	Tier 1	
Anti-Obesity - Opioid Antag/Norepi & Da Reup Inhib		
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG	Tier 2	PA
Anti-Obesity Glucagon-Like Peptide-1 Recep Agonist		
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	Tier 2	PA
Fat Absorption Decreasing Agents		
XENICAL ORAL CAPSULE 120 MG	Tier 3	PA

Copyright © 2004-2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Index

1ST TIER UNIFINE PENTIPS 218	ACTI-LANCE LANCETS 182	AEROCHAMBER PLUS Z STAT
1ST TIER UNIFINE PENTIPS	ACTIMMUNE 146	SM MSK 13
PLUS 218	ACUVAIL (PF) 117	AEROCHAMBER WITH
1ST TIER UNILET	<i>acyclovir</i> 73, 159	FLOWSIGNAL 13
COMFORTOUCH 182	ADACEL(TDAP	AEROCHAMBER Z-STAT PLUS-
<i>abacavir</i> 162	ADOLESN/ADULT)(PF) 145	FLW SG 14
<i>abacavir-lamivudine</i> 161	<i>adapalene</i> 69	AEROECLIPSE II NEBULIZER 14
<i>abacavir-lamivudine-zidovudine</i> 161	<i>adapalene-benzoyl peroxide</i> 67	AEROGEAR ACTION ASTHMA
ABILIFY MYCITE 27	<i>adapalene-benzoyl perox-niacin</i> 67	KIT 14
<i>abiraterone</i> 201	<i>adapalene-benzoyl-clindamycin</i> 67	AERONEB GO NEBULIZER 14
ABOUTTIME PEN NEEDLE 218	ADASUVE 27	AEROTRACH PLUS 14
<i>acamprosate</i> 25	ADDERALL XR 23	AEROVENT PLUS 14
<i>acarbose</i> 93	ADDYI 29	AFINITOR 203
ACCU-CHEK COMBO SYSTEM 97	<i>adefovir</i> 165	AFINITOR DISPERZ 203
ACCU-CHEK FASTCLIX LANCET	ADEMPAS 42	AFIRMELLE 51
DRUM 182	ADULT ASPIRIN REGIMEN 135	AFLURIA QD 2020-21(3YR
ACCU-CHEK LINKASSIST INS	ADULT LOW DOSE ASPIRIN 135	UP)(PF) 144
DEV 188	ADVAIR DISKUS 10	AFLURIA QD 2020-21(6-
ACCU-CHEK MULTICLIX LANCET	ADVAIR HFA 10	35MO)(PF) 144
..... 182	ADVANCE PLUS INTERMITTENT 180	AFLURIA QUAD 2020-2021(6MO
ACCU-CHEK RAPID-D LINK 188	ADVANCED ALLERGY COLLECT	UP) 144
ACCU-CHEK SAFE-T-PRO 182	KIT 75	AFREZZA 102
ACCU-CHEK SAFE-T-PRO PLUS 182	ADVANCED TRAVEL LANCETS .. 182	AFSTYLA 128
ACCU-CHEK SOFTCLIX	ADVATE 128	AFTERA 51
LANCETS 182	ADVOCATE LANCET 182	A-HYDROCORT 168
ACCU-CHEK SPIRIT ADAPTER ... 188	ADVOCATE PEN NEEDLE 218	AIMOVIG AUTOINJECTOR 235
ACCU-CHEK SPIRIT CARTRIDGE	ADVOCATE SYRINGES 189	AIRS DISPOSABLE NEBULIZER ... 14
SYS 188	ADYNOVATE 128	AKLIEF 69
ACCU-CHEK SPIRIT CLIP CASE . 188	AEMCOLO 157	AK-POLY-BAC 120
ACD SOLUTION A 130	AEROBIKA OSCILLATING PEP	AKTEN (PF) 119
ACD-A 130	SYSTEM 13	AKYNZEO (NETUPITANT) 7
ACE AEROSOL CLOUD	AEROCHAMBER MINI 13	ALA-CORT 75
ENHANCER 13	AEROCHAMBER MV 13	ALA-QUIN 69
<i>acebutolol</i> 38	AEROCHAMBER PLUS FLOW-VU . 13	ALA-SCALP 75
ACESO AG 178	AEROCHAMBER PLUS FLOW-	<i>albendazole</i> 158
<i>acetaminophen-codeine</i> 238	VU,L MSK 13	<i>albuterol sulfate</i> 8, 9
<i>acetazolamide</i> 122	AEROCHAMBER PLUS FLOW-	ALCAINE 119
<i>acetic acid</i> 84, 105	VU,M MSK 13	<i>alclometasone</i> 75
<i>acetylcysteine</i> 226	AEROCHAMBER PLUS FLOW-	ALDACTAZIDE 42
ACIPHEX SPRINKLE 257	VU,S MSK 13	ALECENSA 204
<i>acitretin</i> 89	AEROCHAMBER PLUS Z STAT 13	<i>alendronate</i> 111
ACTEMRA 170	AEROCHAMBER PLUS Z STAT	ALFERON N 146
ACTEMRA ACTPEN 170	LG MSK 13	<i>alfuzosin</i> 259
ACTHAR 110	AEROCHAMBER PLUS Z STAT	ALINIA 159
ACTICOAT DRESSING 179	MD MSK 13	<i>aliskiren</i> 43

ALKINDI SPRINKLE	168	<i>amitriptyline</i>	22	ARANELLE (28)	52
ALL FLOW 1000 KIT	181	<i>amitriptyline-chlordiazepoxide</i>	22	ARANESP (IN POLYSORBATE) ...	132
ALL FLOW 1000 PFT FILTER	181	<i>amlodipine</i>	39	ARCALYST	166
ALL FLOW 3000 KIT	181	<i>amlodipine-atorvastatin</i>	49	ARCAPTA NEOHALER	9
ALL FLOW 3000 PFT FILTER	181	<i>amlodipine-benazepril</i>	34	ARGYLE TRACHEOSTOMY	
ALL FLOW 4000 KIT	181	<i>amlodipine-olmesartan</i>	36	CARE TRAY	181
ALL FLOW 4000 PFT FILTER	181	<i>amlodipine-valsartan</i>	36	ARIKAYCE	156
ALL FLOW 5000 KIT	181	<i>amlodipine-valsartan-hcthiazid</i>	35	<i>aripiprazole</i>	27
ALL FLOW 5000 PFT FILTER	181	<i>ammonium lactate</i>	84	<i>armodafinil</i>	30
ALL FLOW 6000 PFT FILTER	181	AMNESTEEM	66	ARMOUR THYROID	114
ALLEVYN LIFE DRESSING	179	<i>amoxapine</i>	22	ARNUITY ELLIPTA	11
<i>allopurinol</i>	127	<i>amoxicil-clarithromy-lansopraz</i>	257	ARTISS	225
<i>almotriptan malate</i>	235	<i>amoxicillin</i>	152	ARYMO ER	228
ALOCRIAL	121	<i>amoxicillin-pot clavulanate</i>	152	ASCOMP WITH CODEINE	237
ALOMIDE	122	<i>amphetamine sulfate</i>	23	ASHLYNA	52
ALORA	140	<i>ampicillin</i>	152	ASMANEX HFA	11
<i>alosetron</i>	177	<i>amyl nitrite</i>	50	ASMANEX TWISTHALER	11
ALPHAGAN P	122	ANACAINE	88	<i>aspirin</i>	136, 227
ALPHANATE	128	ANADROL-50	139	ASPIRIN CHILDRENS	135
ALPHANINE SD	131	<i>anagrelide</i>	136	ASPIRIN LOW DOSE	136
<i>alprazolam</i>	25	ANA-LEX KIT	174	<i>aspirin-dipyridamole</i>	136
ALPRAZOLAM INTENSOL	25	ANALPRAM-HC	87	ASPIR-TRIN	227
ALPROLIX	131	ANASCORP	212	ASSURE HAEMOLANCE PLUS ...	182
ALREX	117	ANASTIA	88	ASSURE ID INSULIN SAFETY	189
ALTABAX	73	<i>anastrozole</i>	202	ASSURE ID PEN NEEDLE	218
ALTACAINE	119	ANDRODERM	139	ASSURE LANCE	182
ALTAFLUOR BENOX	119	ANGELIQ	140	ASSURE LANCE PLUS	182
ALTAVERA (28)	51	ANNOVERA	51	ASTAGRAF XL	147
ALTERNATE SITE LANCET	182	ANORO ELLIPTA	10	ASTHMAPACK CHILDREN'S	14
ALTOPREV	44	<i>anticoag citrate phos dextrose</i>	130	ASTRINGYN	137
ALTRENO	69	ANUCORT-HC	175	<i>atazanavir</i>	163
ALUNBRIG	204	APADAZ	238	<i>atenolol</i>	38
ALYACEN 1/35 (28)	52	APLIGRAF	224	<i>atenolol-chlorthalidone</i>	39
ALYACEN 7/7/7 (28)	52	APOGEE HC INTERMIT		<i>atomoxetine</i>	33
ALYQ	42	CATHETER	180	<i>atorvastatin</i>	45
AMABELZ	140	APOGEE IC INTERMIT		<i>atovaquone</i>	159
<i>amantadine hcl</i>	240	CATHETER	180	<i>atovaquone-proguanil</i>	158
<i>ambrisentan</i>	42	APOKYN	240	ATRAPRO CP	84
<i>amcinonide</i>	75	<i>apraclonidine</i>	122	ATROPEN	218
AMELUZ	208	<i>aprepitant</i>	7	<i>atropine</i>	125
AMETHIA	52	APRI	52	ATROVENT HFA	8
AMETHIA LO	52	APTIOM	243	AUBAGIO	209
AMETHYST (28)	52	APTIVUS	160	AUBRA	52
AMIELLE VAGINAL TRAINER	181	APTIVUS (WITH VITAMIN E)	160	AUBRA EQ	52
<i>amiloride</i>	41	AQUA CARE SODIUM CHLORIDE	84	AURA PORTANEB	14
<i>amiloride-hydrochlorothiazide</i>	42	AQUA CARE STERILE WATER	84	AUROVELA 1.5/30 (21)	52
<i>aminocaproic acid</i>	127, 128	AQUA GLYCOLIC HC	75	AUROVELA 1/20 (21)	52
<i>amiodarone</i>	33	ARAKODA	158	AUROVELA 24 FE	52
AMITIZA	177	ARALAST NP	200	AUROVELA FE 1.5/30 (28)	52

AUROVELA FE 1-20 (28).....	52	BD AUTOSHIELD DUO PEN NEEDLE.....	218	<i>benazepril-hydrochlorothiazide</i>	34
AURUMHEEL.....	216	BD ECLIPSE LUER-LOK.....	190	BENEFIX.....	131
AURYXIA.....	106	BD INSULIN SYRINGE.....	190	BENLYSTA.....	170
AUSTEDO.....	211	BD INSULIN SYRINGE HALF UNIT.....	190	<i>benzhydrocodone-acetaminophen</i>	238
AUTOJECT 2 INJECTION DEVICE	97	BD INSULIN SYRINGE MICRO- FINE.....	190	<i>benznidazole</i>	159
AUTOPEN 1 TO 21 UNITS.....	97	BD INSULIN SYRINGE SAFETY- LOK.....	190	<i>benzonatate</i>	63
AUTOPEN 2 TO 42 UNITS.....	97	BD INSULIN SYRINGE SLIP TIP..	190	<i>benzoyl per-clindamycin-niacin</i>	67
AUTOSOFT 30.....	97	BD INSULIN SYRINGE U-500.....	190	<i>benzoyl peroxide</i>	85
AUTOSOFT 90.....	97	BD INSULIN SYRINGE ULTRA- FINE.....	190	<i>benzphetamine</i>	265
AUTOSOFT XC INFUSION SET 23".....	98	BD INSYTE AUTOGUARD.....	188	<i>benztropine</i>	240
AUTOSOFT XC INFUSION SET 32".....	98	BD LO-DOSE MICRO-FINE IV.....	190	BERINERT.....	168
AUTOSOFT XC INFUSION SET 43".....	98	BD LO-DOSE ULTRA-FINE.....	190	BESIVANCE.....	120
AVANDIA.....	94	BD MICROTAINER LANCET.....	182	BETADINE OPHTHALMIC PREP..	84
AVAR.....	73	BD NANO 2ND GEN PEN NEEDLE.....	218	BETALOAN SUIK.....	168
AVAR LS.....	73	BD POSIFLUSH NORMAL SALINE 0.9.....	108	<i>betamethasone dipropionate</i>	76
AVIANE.....	52	BD PRE-FILLED NORMAL SALINE.....	108	<i>betamethasone valerate</i>	76
AVITA.....	69	BD PRE-FILLED SALINE BLUNT CAN.....	108	<i>betamethasone, augmented</i>	76
AVITENE.....	137	BD SAFETYGLIDE INSULIN SYRINGE.....	190	BETASERON.....	209
AVITENE FLOUR.....	137	BD SAFETYGLIDE SYRINGE.....	190	<i>betaxolol</i>	38, 122
AVONEX.....	209	BD SAF-T-INTIMA.....	188	<i>bethanechol chloride</i>	200
AYUNA.....	52	BD ULTRA FINE LANCETS.....	182	BETIMOL.....	122
AYVAKIT.....	204	BD ULTRA-FINE II LANCETS.....	182	BETOPTIC S.....	122
AZASAN.....	147	BD ULTRA-FINE MICRO PEN NEEDLE.....	218	<i>bexarotene</i>	209
AZASITE.....	120	BD ULTRA-FINE MINI PEN NEEDLE.....	218	<i>bicalutamide</i>	201
<i>azathioprine</i>	147	BD ULTRA-FINE NANO PEN NEEDLE.....	218	BIDIL.....	44
<i>azelaic acid</i>	68	BD ULTRA-FINE ORIG PEN NEEDLE.....	218	BIJUVA.....	140
<i>azelaic acid-niacinamide</i>	67	BD ULTRA-FINE SHORT PEN NEEDLE.....	218	BIKTARVY.....	164
<i>azelastine</i>	5, 117	BD VEO INSULIN SYR HALF UNIT.....	190	<i>bimatoprost</i>	122
<i>azelastine-fluticasone</i>	6	BD VEO INSULIN SYRINGE UF...	191	<i>bisoprolol fumarate</i>	38
AZELEX.....	67	BEKYREE (28).....	53	<i>bisoprolol-hydrochlorothiazide</i>	39
<i>azithromycin</i>	150	<i>belladonna alkaloids-opium</i>	228	BLEPH-10.....	119
AZOPT.....	122	BELSOMRA.....	30	BLEPHAMIDE.....	119
AZURETTE (28).....	52	<i>benazepril</i>	36	BLEPHAMIDE S.O.P.....	119
<i>bacitracin</i>	120			BLISOVI 24 FE.....	53
<i>bacitracin-polymyxin b</i>	120			BLISOVI FE 1.5/30 (28).....	53
<i>baclofen</i>	253			BLISOVI FE 1/20 (28).....	53
BALCOLTRA.....	53			BOOSTRIX TDAP.....	145
<i>balsalazide</i>	174			<i>bosentan</i>	42
BALVERSA.....	204			BOSULIF.....	204
BALZIVA (28).....	53			BP 10-1.....	73
BANZEL.....	243			BPO.....	85
BAQSIMI.....	101			BRAFTOVI.....	202
BARACLUDGE.....	165			BRAVELLE.....	109
BASADROX.....	69			BREATHERITE MDI SPACER.....	14
BAXDELA.....	153			BREATHERITE SPACER-MASK, NEO.....	14
				BREATHERITE SPACER- MASK,ADULT.....	14

BREATHERITE SPACER-MASK,CHILD	14	CABLIVI	127	CARDIOPLEGIA MAINTENANCE 4:1	214
BREATHERITE SPACER-MASK,INFANT	14	CABOMETYX	204	CARDIOPLEGIA MAINTENANCE 8:1	214
BREATHERITE SPACER-MASK,S.CHLD	14	CADIRA COMPLIANT BLOOD STAT	213	CARDIOPLEGIA REPERFUSATE 4:1	214
BREATHERITE VALVED MDI CHAMBER	14	<i>caffeine citrate</i>	18	<i>cardioplegic no.17(induct 4:1)</i>	214
BREATHERITE VALVED MDI SPACER	14	<i>calcipotriene</i>	90	<i>cardioplegic no.19 (maint 4:1)</i>	214
BREO ELLIPTA	10	<i>calcipotriene-betamethasone</i>	91	<i>cardioplegic soln</i>	214
BREZTRI AEROSPHERE	10	<i>calcitonin (salmon)</i>	111	<i>cardioplegic solution no.25</i>	214
BRIELLYN	53	<i>calcitriol</i>	90, 265	CARDIZEM LA	39
BRILINTA	136	<i>calcium acetate(phosphat bind)</i>	106	CARDURA XL	35
<i>brimonidine</i>	122	CALQUENCE	204	CAREFINE PEN NEEDLE	219
<i>brimonidine-dorzolamide (pf)</i>	122	CAMILA	53	CAREONE THIN LANCET	182
BRIVIACT	243	CAMRESE	53	CAREONE ULTRA THIN LANCET	183
BROMFED DM	66	CAMRESE LO	53	CARESENS LANCETS	183
<i>bromfenac</i>	117	<i>candesartan</i>	37	CARETOUCH INSULIN SYRINGE	191
<i>bromocriptine</i>	240	<i>candesartan-hydrochlorothiazid</i>	35	CARETOUCH PEN NEEDLE	219
<i>brompheniramine-pseudoeph-dm</i>	66	<i>cantharidin in acetone</i>	85	CARETOUCH SAFETY LANCETS	183
BROMSITE	117	CANTHARIS COMPOSITUM	216	CARETOUCH TWIST LANCET	183
BROVANA	9	CAPCOF	63	<i>carisoprodol</i>	253
BRUKINSA	204	<i>capecitabine</i>	201	<i>carisoprodol-aspirin</i>	253
<i>budesonide</i>	11, 168	CAPEX	76	<i>carisoprodol-aspirin-codeine</i>	240
BULLSEYE MINI SAFETY LANCETS	182	CAPLYTA	27	CARNITOR (SUGAR-FREE)	217
<i>bumetanide</i>	41	CAPRELSA	204	CARRASYN HYDROGEL WOUND DRESS	179
BUNAVAIL	239	<i>captopril</i>	36	<i>carteolol</i>	122
BUPRENEX	228	<i>captopril-hydrochlorothiazide</i>	34	CARTIA XT	40
<i>buprenorphine</i>	228	CARBAGLU	176	<i>carvedilol</i>	35
<i>buprenorphine hcl</i>	228, 239	<i>carbamazepine</i>	244	<i>carvedilol phosphate</i>	35
<i>buprenorphine-naloxone</i>	239	CARBATROL	244	CAVERJECT	108
<i>bupropion hcl</i>	20	<i>carbidopa</i>	242	CAVERJECT IMPULSE	108
<i>bupropion hcl (smoking deter)</i>	255	<i>carbidopa-levodopa</i>	240	CAYA CONTOURED	62
<i>buspirone</i>	26	<i>carbidopa-levodopa-entacapone</i>	240	CAYSTON	148
BUTALBITAL COMPOUND W/CODEINE	238	<i>carbinoxamine maleate</i>	4	CAZANT (28)	53
<i>butalbital-acetaminop-caf-cod</i>	237	CARDIOPLEGIA DEL NIDO FORMULA	213	<i>cefaclor</i>	149
<i>butalbital-acetaminophen</i>	226, 227	CARDIOPLEGIA HIGH POTASSIUM	213	<i>cefadroxil</i>	148
<i>butalbital-acetaminophen-caff</i>	227	CARDIOPLEGIA IND 4:1 PLASMALYT	213	CEFALY	181
<i>butalbital-aspirin-caffeine</i>	227	CARDIOPLEGIA IND 4:1 RINGER	213	<i>cefdinir</i>	149
<i>butorphanol</i>	228	CARDIOPLEGIA IND 8:1 NON-ENRCH	213	<i>cefditoren pivoxil</i>	149
BYDUREON	92	CARDIOPLEGIA INDUCTION 4:1	213	<i>cefixime</i>	149
BYDUREON BCISE	92	CARDIOPLEGIA INDUCTION 8:1	213	<i>cefpodoxime</i>	149
BYETTA	92	CARDIOPLEGIA MAIN 8:1 NO-ENRCH	213	<i>cefprozil</i>	149
BYNFEZIA	224	CARDIOPLEGIA MAINT 4:1 PLASMA	214	<i>cefuroxime axetil</i>	149
BYSTOLIC	38	CARDIOPLEGIA MAINT 4:1 RINGER	214	<i>celecoxib</i>	171
<i>cabergoline</i>	114			CELONTIN	244
				CEM-UREA	85
				CENTANY AT	70
				<i>cephalexin</i>	149

CEQR SIMPLICITY	98	CIMZIA POWDER FOR RECONST		<i>clobetasol-levocetirizine</i>	76
CEQR SIMPLICITY INSERTER ...	98	.....	166	<i>clobetasol-niacinamide</i>	76, 77
CERDELGA	215	CIMZIA STARTER KIT	166	<i>clocortolone pivalate</i>	77
CERVIDIL	63	<i>cinacalcet</i>	112	CLODAN KIT	77
CESAMET	6	CINRYZE	168	<i>clomiphene citrate</i>	109
CETACAINE	88	CIPRO	153	<i>clomipramine</i>	23
CETACAINE ANESTHETIC	88	CIPRO HC	105	<i>clonazepam</i>	243
<i>cetirizine</i>	5	CIPRO XR	153	<i>clonidine</i>	37, 38
CETROTIDE	114	<i>ciprofloxacin</i>	153	<i>clonidine hcl</i>	31, 37
<i>cevimeline</i>	200	<i>ciprofloxacin hcl</i>	105, 120, 153	<i>clopidogrel</i>	136
CHANTIX	254	<i>ciprofloxacin-dexamethasone</i>	106	<i>clorazepate dipotassium</i>	25
CHANTIX CONTINUING MONTH		<i>ciprofloxacin-fluocinolone</i>	106	<i>clotrimazole</i>	71, 155
BOX	254	<i>citalopram</i>	20	<i>clotrimazole-betamethasone</i>	71
CHANTIX STARTING MONTH		<i>citric acid (bulk)</i>	225	CLOVIQUE	217
BOX	255	<i>citric acid anhydrous (bulk)</i>	225	<i>clozapine</i>	27
CHARLOTTE 24 FE	53	CLARAVIS	66	COAGADEx	132
CHATEAL (28)	53	CLARINEX-D 12 HOUR	3	COAGUCHEK LANCETS	183
CHATEAL EQ (28)	53	<i>clarithromycin</i>	150	COAGUCHEK XS	213
CHEMET	217	CLEANSING WASH	73	COARTEM	158
CHENODAL	177	CLEARSHIELD SODIUM CHLOR		<i>cocaine</i>	212
CHILDREN'S ASPIRIN	136	FLUSH	108	<i>codeine sulfate</i>	228
CHILDREN'S IRON	264	<i>clemastine</i>	4	<i>codeine-butalbital-asa-caff</i>	238
<i>chlordiazepoxide hcl</i>	25	CLENPIQ	177	<i>codeine-guaifenesin</i>	65
<i>chlordiazepoxide-clidinium</i>	256	CLEO 90 INFUSION SET 24"	98	CODITUSSIN AC	65
<i>chlorhexidine gluconate</i>	212	CLEO 90 INFUSION SET 31"	98	CODITUSSIN DAC	64
<i>chloroquine phosphate</i>	158	CLEOCIN	262	<i>colchicine</i>	127
<i>chlorothiazide</i>	43	CLEVER CHEK LANCETS	183	<i>colesevelam</i>	48
<i>chlorpromazine</i>	29	CLEVER CHOICE CHAMBER-		COLESTID FLAVORED	48
<i>chlorthalidone</i>	43	LRG MASK	14	<i>colestipol</i>	48
<i>chlorzoxazone</i>	253	CLEVER CHOICE CHAMBER-		COLOR LANCETS	183
CHOLBAM	177	MED MASK	14	COMBIGAN	122
<i>cholestyramine (with sugar)</i>	48	CLEVER CHOICE CHAMBER-SM		COMBIPATCH	140
CHOLESTYRAMINE LIGHT	48	MASK	14	COMBIVENT RESPIMAT	10
<i>choline,magnesium salicylate</i>	227	CLEVER CHOICE NEBULIZER	14	COMETRIQ	205
<i>chorionic gonadotropin, human</i>	109	CLEVER CHOICE WHISPER AIRE		COMFORT EZ INSULIN SYRINGE	
CICLODAN KIT	71	PED	14	.....	191
<i>ciclopirox</i>	71	CLICKFINE PEN NEEDLE	219	COMFORT EZ LANCETS	183
<i>ciclopirox-clobetasol</i>	71	CLIMARA PRO	140	COMFORT EZ PEN NEEDLES	219
<i>ciclopirox-clobetasol-salicyl</i>	71	<i>clindamycin hcl</i>	157	COMFORT INFUSION SET 23"	98
<i>ciclopirox-salicylic acid</i>	71	CLINDAMYCIN PEDIATRIC	157	COMFORT INFUSION SET 32"	98
<i>ciclopirox-ure-camph-menth-euc</i>	71	<i>clindamycin phosphate</i>	70, 262	COMFORT INFUSION SET 43"	98
<i>cilostazol</i>	136	<i>clindamycin-benzoyl peroxide</i>	67	COMFORT LANCETS	183
CILOXAN	120	<i>clindamycin-niacinamide</i>	67	COMFORT PAC-	
CIMDUO	160	CLINDESSE	262	CYCLOBENZAPRINE	253
<i>cimetidine</i>	257	CLINPRO 5000	263	COMFORT PAC-IBUPROFEN	171
<i>cimetidine hcl</i>	257	<i>clobazam</i>	243	COMFORT PAC-MELOXICAM	171
CIMZIA	166	<i>clobetasol</i>	76	COMFORT PAC-NAPROXEN	171
		<i>clobetasol-calcipotriene</i>	91	COMFORT PAC-TIZANIDINE	253
		<i>clobetasol-emollient</i>	76		

COMFORT SHORT INSULIN PUMP 23".....	98	CRESEMBA.....	155	DASETTA 7/7/7 (28).....	54
COMFORT SHORT INSULIN PUMP 32".....	98	CRINONE.....	110, 142	DAURISMO.....	202
COMFORT SHORT INSULIN PUMP 43".....	98	CRIXIVAN.....	163	DAYSEE.....	54
COMPACT SPACE CHAMBER PLUS.....	14	<i>cromolyn</i>	12, 122	DAYTRANA.....	31
COMPACT SPACE CHAMBER-LRG MASK.....	15	CRYOSERV.....	215	DDAVP.....	110
COMPACT SPACE CHAMBER-MED MASK.....	15	CRYSSELLE (28).....	53	DEBACTEROL.....	212
COMPACT SPACE CHAMBER-SM MASK.....	15	CUPRIMINE.....	166	DEBLITANE.....	54
COMP-AIR NEBULIZER COMPRESSOR.....	15	CURAFIL GEL WOUND.....	179	DECADRON.....	169
COMPLERA.....	164	CURITY AMD.....	179	<i>deferasirox</i>	217
COMPRO.....	7	CURITY AMD (WITH POLYHEXAMETH).....	179	<i>deferiprone</i>	217
CONCEPTION.....	215	CURITY DRAINAGE BAG.....	180	<i>deferoxamine</i>	217
CONCERTA.....	31	CURITY IODOFORM PACKING STRIP.....	179	DELESTROGEN.....	141
CONDYLOX.....	85	CUROSURF.....	226	DELSTRIGO.....	164
CONJUPRI.....	40	CUTAQUIG.....	142	<i>demeclocycline</i>	153
CONSTULOSE.....	177	CUVITRU.....	142	DEMEROL (PF).....	229
CONTACT DETACH INFUS SET 23".....	98	CUVPOSA.....	256	DEMSEER.....	37
CONTACT DETACH INFUS SET 32".....	98	CYCLAFEM 1/35 (28).....	53	DENTA 5000 PLUS.....	263
CONTRACE.....	265	CYCLAFEM 7/7/7 (28).....	53	DENTAGEL.....	263
COPAXONE.....	209	<i>cyclobenzaprine</i>	253	DEPAKOTE.....	244
COPIKTRA.....	205	CYCLOMYDRIL.....	125	DEPAKOTE ER.....	244
CORDRAN.....	77	<i>cyclopentolate</i>	125	DEPAKOTE SPRINKLES.....	244
CORDRAN TAPE LARGE ROLL.....	77	<i>cyclopen-tropic-phenyleph-watr</i>	125	DEPO-ESTRADIOL.....	141
CORIFACT.....	132	<i>cyclopent-tropic-phen-ketr-wat</i>	125	DEPO-SUBQ PROVERA 104.....	51
CORLANOR.....	49	<i>cyclophosphamide</i>	201	DERMAGRAFT.....	224
CORTANE-B.....	105	<i>cycloprop-phen-ket-wat</i>	125	DERMAZENE.....	69
CORTIFOAM.....	175	<i>cycloserine</i>	156	DESCOVY.....	160
<i>cortisone</i>	168	CYCLOSET.....	93	<i>desflurane</i>	215
CORTISPORIN.....	75	<i>cyclosporine</i>	147	<i>desipramine</i>	23
CORTISPORIN-TC.....	105	CYCLOSPORINE IN KLARITY.....	121	<i>desloratadine</i>	5
COSENTYX.....	89	<i>cyclosporine modified</i>	147	<i>desmopressin</i>	110
COSENTYX (2 SYRINGES).....	89	<i>cyproheptadine</i>	4	<i>desog-e.estradiol/e.estradiol</i>	54
COSENTYX PEN.....	89	CYRED.....	54	DESONATE.....	77
COSENTYX PEN (2 PENS).....	89	CYRED EQ.....	54	<i>desonide</i>	77, 78
COTELLIC.....	203	CYSTADANE.....	217	<i>desoximetasone</i>	78
COVARYX.....	140	CYSTADROPS.....	126	<i>desoximetasone-niacinamide</i>	78
COVARYX H.S.....	140	CYSTAGON.....	260	<i>desvenlafaxine</i>	21
CRALONIN.....	216	CYSTARAN.....	126	<i>desvenlafaxine succinate</i>	21
CREON.....	255	CYTOMEL.....	114	DEVILBISS DISPOSABLE NEBULIZER.....	15
		<i>dalfampridine</i>	211	DEVILBISS PULMO-AIDE COMPRESSOR.....	15
		DALIRESP.....	13	DEVILBISS PULMOMATE COMPRESSOR.....	15
		<i>danazol</i>	114	DEVILBISS PULMONEB LT COMP-NEB.....	15
		<i>dantrolene</i>	253	DEVILBISS TRAVELER COMPRESSOR.....	15
		<i>dapsone</i>	67, 156	<i>dexamethasone</i>	169
		<i>dapsone-niacinamide</i>	67	DEXAMETHASONE INTENSOL... ..	169
		<i>dapsone-spirolactone-niacin</i>	67		
		<i>darifenacin</i>	261		
		DASETTA 1/35 (28).....	54		

<i>dexamethasone sodium phosphate</i>	117	<i>disulfiram</i>	25	DUODOTE	214
DEXCOM G6 RECEIVER	98	DIURIL	43	DUOPA	241
DEXCOM G6 SENSOR	98	<i>divalproex</i>	244, 245	DUPIXENT PEN	12
DEXCOM G6 TRANSMITTER	98	DIVIGEL	141	DUPIXENT SYRINGE	12
DEXILANT	258	<i>dofetilide</i>	33	DUREZOL	117
<i>dexmethylphenidate</i>	32	DOJOLVI	223	<i>dutasteride</i>	259
DEXONTO	169	<i>donepezil</i>	19	<i>dutasteride-tamsulosin</i>	260
DEXTENZA	117	DOPTELET (10 TAB PACK)	137	DUZALLO	127
<i>dextroamphetamine</i>	23	DOPTELET (15 TAB PACK)	137	DYANAVEL XR	24
<i>dextroamphetamine-amphetamine</i> ..	24	DOPTELET (30 TAB PACK)	137	E.E.S. 400	151
DIACOMIT	244	<i>dorzolamide</i>	122	EAR POPPER INFLATION	
DIASTAT	243	<i>dorzolamide (pf)</i>	122	DEVICE	188
DIASTAT ACUDIAL	243	<i>dorzolamide-timolol</i>	123	EASIVENT HOLDING CHAMBER ..	15
<i>diazepam</i>	25, 243	<i>dorzolamide-timolol (pf)</i>	122, 123	EASIVENT MASK LARGE	15
DIAZEPAM INTENSOL	25	DOTTI	141	EASIVENT MASK MEDIUM	15
<i>diazoxide</i>	101	DOVATO	159	EASIVENT MASK SMALL	15
<i>diclofenac epolamine</i>	83	DOVER COATED LATEX FOLEY ..	180	EASY COMFORT INSULIN	
<i>diclofenac potassium</i>	171	DOVER FOLEY CATHETER	180	SYRINGE	192
<i>diclofenac sodium</i>	83, 88, 117, 172	DOVER LATEX FOLEY		EASY COMFORT LANCETS	183
<i>diclofenac-hyaluronate-niacin</i>	83	CATHETER	180	EASY COMFORT PEN NEEDLES	219
<i>diclofenac-misoprostol</i>	171	DOVER RED RUBBER		EASY GLIDE INSULIN SYRINGE ..	192
<i>dicloxacillin</i>	152	ROBINSON CATH	180	EASY GLIDE PEN NEEDLE	219
<i>dicyclomine</i>	255	DOVER UNIVERSAL	180	EASY TOUCH	219
<i>didanosine</i>	162	<i>doxazosin</i>	35	EASY TOUCH FLIPLOCK	
<i>diethylpropion</i>	265	<i>doxepin</i>	23, 30	INSULIN	192
DIFFERIN	69	<i>doxercalciferol</i>	113	EASY TOUCH INSULIN SAFETY	
DIFICID	151	<i>doxycycline hyclate</i>	153, 154, 212	SYR	192
<i>diflunisal</i>	227	<i>doxycycline monohydrate</i>	154	EASY TOUCH INSULIN SYRINGE	
DIGITEK	33	<i>doxylamine-pyridoxine (vit b6)</i>	7	.....	192
DIGOX	34	D-PENAMINE	166	EASY TOUCH LANCETS	183
<i>digoxin</i>	34	DRITHOCREME HP	90	EASY TOUCH LUER LOCK	
<i>dihydroergotamine</i>	235	DRIZALMA SPRINKLE	21	INSULIN	192
DILANTIN	244	<i>dronabinol</i>	6	EASY TOUCH PEN NEEDLE	220
DILANTIN EXTENDED	244	DROPLET INSULIN SYR HALF		EASY TOUCH SAFETY LANCETS	
DILANTIN INFATABS	244	UNIT	191	.....	183
DILANTIN-125	244	DROPLET INSULIN SYRINGE	191	EASY TOUCH SAFETY PEN	
DILATRATE-SR	50	DROPLET LANCETS	183	NEEDLE	220
DILAUDID (PF)	229	DROPLET MICRON PEN NEEDLE		EASY TOUCH SHEATHLOCK	
<i>diltiazem hcl</i>	40	.....	219	INSULIN	192
DILT-XR	40	DROPLET PEN NEEDLE	219	EASY TOUCH TWIST LANCETS ..	183
DILUENT FOR ROTARIX	215	DROPSAFE PEN NEEDLE	219	EASY TOUCH UNI-SLIP	192
DILUTING MEDIUM FOR		<i>drospirenone-e.estradiol-lm.fa</i>	54	EASY TWIST AND CAP LANCETS	
NOVOLOG	215	<i>drospirenone-ethinyl estradiol</i>	54	.....	183
<i>dimethyl fumarate</i>	209	DROXIA	136	EBASE CONTROLLER	15
DIPHEN	4	DRYSOL	83	EC-NAPROXEN	172
<i>diphenoxylate-atropine</i>	176	DRYSOL DAB-O-MATIC	83	<i>econazole</i>	71
<i>dipyridamole</i>	136	DUAVEE	140	<i>econazole-niacinamide</i>	71
<i>disopyramide phosphate</i>	33	<i>duloxetine</i>	22	ECONTRA EZ	54
		DUOBRII	90	ECONTRA ONE-STEP	54

ECOTRIN.....	227	ENDO AVITENE.....	137	ESBRIET.....	225
ECOZA.....	72	ENDOCET.....	238	<i>escitalopram oxalate</i>	20
EDARBI.....	37	ENDOMETRIN.....	110	ESKATA.....	83
EDARBYCLOR.....	35	ENGERIX-B (PF).....	145	<i>esomeprazole magnesium</i>	258
EDEX.....	108	ENLITE GLUCOSE SENSOR.....	98	<i>esomeprazole strontium</i>	258
ED-SPAZ.....	255	ENLITE SERTER.....	98	ESPEROCT.....	128
EDURANT.....	161	ENLITE SYSTEM.....	98	ESTARYLLA.....	54
EEMT.....	140	<i>enoxaparin</i>	133	<i>estazolam</i>	30
EEMT HS.....	140	ENPRESSE.....	54	<i>estradiol</i>	141, 263
<i>efavirenz</i>	161	ENSKYCE.....	54	<i>estradiol valerate</i>	141
<i>efavirenz-emtricitabin-tenofov</i>	164	ENSPRYNG.....	171	<i>estradiol-norethindrone acet</i>	141
<i>efavirenz-lamivu-tenofov disop</i>	164	ENSTILAR.....	91	ESTRING.....	263
EFFACLAR ADAPALENE.....	69	<i>entacapone</i>	241	<i>estrogens-methyltestosterone</i>	140
EFFER-K.....	107	<i>entecavir</i>	165	<i>eszopiclone</i>	30
EGATEN.....	158	ENTERAL GRAVITY BAG SET-		<i>ethacrynic acid</i>	41
EGRIFTA SV.....	113	ENFIT.....	188	<i>ethambutol</i>	156
ELESTRIN.....	141	ENTEREG.....	178	<i>ethosuximide</i>	245
<i>eletriptan</i>	235	ENTRESTO.....	49	<i>ethyl chloride</i>	88
ELIGARD.....	111	ENULOSE.....	176	<i>ethynodiol diac-eth estradiol</i>	54, 55
ELIGARD (3 MONTH).....	111	ENVARCUS XR.....	147	<i>etidronate disodium</i>	111
ELIGARD (4 MONTH).....	111	EPANED.....	36	<i>etodolac</i>	172
ELIGARD (6 MONTH).....	111	EPCLUSA.....	165	<i>etonogestrel-ethinyl estradiol</i>	51
ELINEST.....	54	EPIDIOLEX.....	243	<i>etoposide</i>	207
ELIQUIS.....	130, 131	EPIDUO FORTE.....	67	EUCRISA.....	75
ELIQUIS DVT-PE TREAT 30D		EPIFIX AMNIOTIC MEMBRANE..	224	EUTHYROX.....	114
START.....	130	EPIFOAM.....	87	EVAMIST.....	141
ELIXOPHYLLIN.....	18	<i>epinastine</i>	117	EVARREST.....	137
ELLA.....	54	<i>epinephrine</i>	33, 200	EVEKEO ODT.....	24
ELMIRON.....	261	<i>epinephrine hcl</i>	66	<i>everolimus (antineoplastic)</i>	203
ELOCTATE.....	128	EPITOL.....	245	<i>everolimus (immunosuppressive)</i> ..	147
ELURYNG.....	51	EPIVIR HBV.....	165	EVICEL.....	137
EMBRACE LANCETS.....	183	<i>eplerenone</i>	42	EVOTAZ.....	163
EMCYT.....	209	EPOGEN.....	132	EVRYSDI.....	200
EMEND.....	7	<i>eprosartan</i>	37	EXEL INSULIN.....	193
EMFLAZA.....	169	EQUETRO.....	26	EXELDERM.....	72
EMGALITY PEN.....	235	<i>ergoloid</i>	50	<i>exemestane</i>	202
EMGALITY SYRINGE.....	236, 237	ERGOMAR.....	236	EXODERM.....	72
EMOQUETTE.....	54	<i>ergotamine-caffeine</i>	236	EYE.....	216
EMSAM.....	30	ERIVEDGE.....	203	E-Z JECT LANCETS.....	183
<i>emtricitabine</i>	162	ERLEADA.....	201	E-Z JECT THIN LANCETS.....	183
<i>emtricitabine-tenofov (tdf)</i>	161	<i>erlotinib</i>	205	EZ SMART LANCETS.....	183
EMTRIVA.....	162	ERRIN.....	54	EZALLOR SPRINKLE.....	45
EMVERM.....	158	ERY PADS.....	70	<i>ezetimibe</i>	48
<i>enalapril maleate</i>	36	ERY-TAB.....	151	<i>ezetimibe-simvastatin</i>	44
<i>enalapril-hydrochlorothiazide</i>	34	ERYTHROCIN (AS STEARATE)...	151	EZ-LETS.....	183
ENBREL.....	166	<i>erythromycin</i>	120, 151	FACTIVE.....	153
ENBREL MINI.....	166	<i>erythromycin ethylsuccinate</i>	151	FALMINA (28).....	55
ENBREL SURECLICK.....	167	<i>erythromycin with ethanol</i>	70	<i>famciclovir</i>	159
ENDARI.....	136	<i>erythromycin-benzoyl peroxide</i>	70	<i>famotidine</i>	257

FANAPT	27	<i>flavoxate</i>	261	<i>flurandrenolide</i>	79
FARXIGA	93	<i>flecainide</i>	33	<i>flurazepam</i>	30
FARYDAK	207	FLEXICHAMBER	15	<i>flurbiprofen</i>	172
FASENRA PEN	12	FLEXICHAMBER-LG CHILD		<i>flurbiprofen sodium</i>	118
FAYOSIM	55	MASK	15	<i>flutamide</i>	201
FC2 FEMALE CONDOM	215	FLEXICHAMBER-SM ADULT		<i>fluticasone propionate</i>	6, 79
<i>febuxostat</i>	127	MASK	15	<i>fluvastatin</i>	45
FEIBA NF	128	FLEXICHAMBER-SM CHILD		<i>fluvoxamine</i>	21
<i>felbamate</i>	245	MASK	15	FLUZONE HIGHDOSE QUAD 20-	
FELBATOL	245	FLEXI-SEAL SIGNAL FMS	188	21 PF	145
<i>felodipine</i>	40	FLOLIPID	45	FLUZONE QUAD 2020-2021	145
FEM PH	262	FLORIVA (FLUORIDE-VITAMIN		FLUZONE QUAD 2020-2021 (PF)	145
FEMALE CATHETER	180	D3)	263	FLYP NEBULIZER	15
FEMCAP	62	FLOVENT DISKUS	11	FML FORTE	118
FEMRING	263	FLOVENT HFA	11, 12	FML S.O.P.	118
FEMYNOR	55	FLUAD 2020-2021 (65 YR UP)(PF)		<i>folic acid</i>	264
<i>fenofibrate</i>	48	.....	144	FOLLISTIM AQ	109
<i>fenofibrate micronized</i>	48	FLUAD QUAD 2020-21(65Y		<i>fondaparinux</i>	133
<i>fenofibrate nanocrystallized</i>	48	UP)(PF)	144	FORACARE LANCETS	183
<i>fenofibric acid</i>	48	FLUARIX QUAD 2020-2021 (PF) ..	144	FORTEO	111
<i>fenofibric acid (choline)</i>	48	FLUBLOK QUAD 2020-2021 (PF) ..	144	FOSAMAX PLUS D	111
<i>fantanyl</i>	229	FLUCELVAX QUAD 2020-2021	144	<i>fosamprenavir</i>	163
<i>fantanyl citrate</i>	229	FLUCELVAX QUAD 2020-2021		<i>fosfomycin tromethamine</i>	149
<i>fantanyl citrate (pf)</i>	229	(PF)	144	<i>fosinopril</i>	36
<i>fantanyl citrate (pf)-0.9%nacl</i>	229	<i>flucona-ibuprof-itracon-terbin</i>	72	<i>fosinopril-hydrochlorothiazide</i>	34
FERRIPROX	217	<i>fluconazole</i>	155	FOSRENOL	106
FERRIPROX (2 TIMES A DAY)	217	<i>flucytosine</i>	155	FRAGMIN	133
<i>ferrous sulfate</i>	265	<i>fludrocortisone</i>	171	FREESTYLE INSULINX	97
FETZIMA	22	FLULAVAL QUAD 2020-2021 (PF) ..	144	FREESTYLE INSULINX TEST	
<i>flexofenadine-pseudoephedrine</i>	3	FLUMIST QUAD 2020-2021	144	STRIPS	97
FIASP FLEXTOUCH U-100		<i>flunisolide</i>	6	FREESTYLE LANCETS	183
INSULIN	102	<i>fluocinolone</i>	78	FREESTYLE LITE STRIPS	97
FIASP PENFILL U-100 INSULIN ..	102	<i>fluocinolone acetone oil</i>	105	FREESTYLE NAVIGATOR GLUC	
FIASP U-100 INSULIN	103	<i>fluocinolone and shower cap</i>	78	SENS	98
FIFTY50 SAFETY SEAL		<i>fluocinolone-niacinamide</i>	79	FREESTYLE PRECISION	193
LANCETS	183	<i>fluocinonide</i>	79	FREESTYLE PRECISION NEO	
FILTERED EXTENSION SET	188	FLUOCINONIDE-E	79	STRIPS	97
FINACEA	68	<i>fluocinonide-emollient</i>	79	FREESTYLE TEST	97
<i>finasteride</i>	259	<i>fluorescein-proparacaine</i>	119	FREESTYLE UNISTIK 2	183
FINE 30 UNIVERSAL LANCETS ..	183	<i>fluoride (sodium)</i>	263, 264	<i>frovatriptan</i>	236
FINGERSTIX LANCETS	183	FLUORIDEX DAILY DEFENSE	264	FULPHILA	135
FINTEPLA	245	FLUORIDEX SENSITIVITY		<i>furosemide</i>	41
FIORICET	227	RELIEF	264	FUZEON	161
FIRDAPSE	211	<i>fluorometholone</i>	118	FYAVOLV	141
FIRMAGON	204	FLUOROPLEX	88	FYCOMPA	245
FIRMAGON KIT W DILUENT		<i>fluorouracil</i>	88	G TUSSIN AC	65
SYRINGE	204	<i>fluoxetine</i>	21	<i>gabapentin</i>	245
FIRVANQ	157	<i>fluphenazine hcl</i>	29	GABTRIL	245
FLAREX	118	FLURA-DROPS	264	GALAFOLD	200

<i>galantamine</i>	19	<i>glycopyrrolate</i>	256	HEALTHWISE INSULIN SYRINGE	193
GALZIN.....	217	GLYDO.....	173	HEALTHWISE PEN NEEDLE.....	220
GAMMAGARD LIQUID.....	143	GLYXAMBI.....	94	HEALTHY ACCENTS UNIFINE	
GAMMAKED.....	143	GOJJI LANCETS.....	184	PENTIP.....	220
GAMUNEX-C.....	143	GOLYTELY.....	177	HEALTHY ACCENTS UNILET	
<i>ganirelix</i>	114	GONAL-F.....	109	LANCET.....	184
<i>gatifloxacin</i>	120	GONAL-F RFF.....	109	HEATHER.....	55
GATTEX 30-VIAL.....	178	GONAL-F RFF REDI-JECT.....	109	HEMADY.....	169
GATTEX ONE-VIAL.....	178	GRAFIX CORE.....	224	HEMANGEOL.....	38
GAVILYTE-C.....	177	GRAFIX PRIME.....	224	HEMLIBRA.....	133
GAVILYTE-G.....	177	GRAFIX XC.....	224	HEMOPIL M HIGH.....	128
GAVILYTE-N.....	177	<i>granisetron hcl</i>	7	HEMOPIL M LOW.....	129
GAVRETO.....	205	GRANIX.....	135	HEMOPIL M MID.....	129
GELFILM.....	126, 225	GRASTEK.....	3	HEMOPIL M SUPER HIGH.....	129
GELFOAM.....	138	<i>griseofulvin microsize</i>	155, 156	HEP FLUSH-10 (PF).....	133
GELFOAM JMI POWDER.....	137	<i>griseofulvin ultramicrosize</i>	156	<i>heparin (porcine)</i>	134
GELFOAM JMI SPONGE.....	138	<i>guaiacol</i>	84	<i>heparin (porcine) in 0.9% nacl</i>	134
GELFOAM SPONGE SIZE 200.....	138	GUAIAUSSIN AC.....	65	<i>heparin (porcine) in 5 % dex</i>	134
GEL-KAM.....	264	GUAIFENESIN AC.....	65	<i>heparin flush(porcine)-0.9nacl</i>	134
GELNIQUE.....	261	GUAIFENESIN DAC.....	64	HEPARIN LOCK.....	134
GELX.....	223	<i>guanfacine</i>	31, 38	HEPARIN LOCK FLUSH.....	134
<i>gemfibrozil</i>	48	<i>guanidine</i>	200	<i>heparin lock flush (porcine)</i>	134
GEMMILY.....	55	GUARDIAN LINK 3		HEPARIN	
GENADUR (WITH LEXINAL).....	87	TRANSMITTER.....	98	LOCKFLUSH(PORCINE)(PF).....	134
GENERLAC.....	176	GUARDIAN RT CHARGER.....	99	<i>heparin, porcine (pf)</i>	134
GENGRAF.....	147	GUARDIAN RT MONITOR		HEPLISAV-B (PF).....	146
GENTAK.....	120	SYSTEM.....	99	HETLIOZ.....	29
<i>gentamicin</i>	70, 120	GUARDIAN RT TEST PLUG		HICON.....	208
GENVOYA.....	164	DEVICE.....	99	HISTEX-AC.....	63
GIANVI (28).....	55	GVOKE HYPOPEN 1-PACK.....	101, 102	HI-VOLUME PUMPING	
GILENYA.....	209	GVOKE HYPOPEN 2-PACK.....	102	CHAMBER SET.....	188
GILOTRIF.....	205	GVOKE PFS 1-PACK SYRINGE... ..	102	HIZENTRA.....	143
GIMOTI.....	257	GVOKE PFS 2-PACK SYRINGE... ..	102	HOMATROPAIRE.....	125
<i>glatiramer</i>	209	GYNAZOLE-1.....	262	HOME NEBULIZER PLUS	
GLATOPA.....	209	GYNOL II.....	51	SIDESTREAM.....	15
GLEOSTINE.....	201	HAEGARDA.....	168	HUMALOG JUNIOR KWIKPEN U-	
<i>glimepiride</i>	94	HAILEY.....	55	100.....	103
<i>glipizide</i>	94	HAILEY 24 FE.....	55	HUMALOG KWIKPEN INSULIN....	103
<i>glipizide-metformin</i>	96	HAILEY FE 1.5/30 (28).....	55	HUMALOG MIX 50-50 INSULN U-	
GLOPERBA.....	127	HAILEY FE 1/20 (28).....	55	100.....	103
GLUCAGEN HYPOKIT.....	101	<i>halcinonide</i>	79	HUMALOG MIX 50-50 KWIKPEN.....	103
GLUCAGON EMERGENCY KIT		<i>halobetasol propionate</i>	80	HUMALOG MIX 75-25 KWIKPEN.....	103
(HUMAN).....	101	HALOG.....	80	HUMALOG MIX 75-25(U-	
GLUCOCOM AUTOLINK.....	98	<i>haloperidol</i>	28	100)INSULN.....	103
GLUCOCOM LANCETS.....	184	<i>haloperidol lactate</i>	28	HUMALOG U-100 INSULIN.....	103
<i>glyburide</i>	94	HARVONI.....	165	HUMATE-P.....	129
<i>glyburide micronized</i>	94	HAVRIX (PF).....	146	HUMIRA.....	167
<i>glyburide-metformin</i>	96			HUMIRA PEN.....	167
<i>glycine urologic solution</i>	156				

HUMIRA PEN CROHNS-UC-HS START	167	<i>hydroxyzine pamoate</i>	4	INJECT EASE LANCETS	184
HUMIRA PEN PSOR-UVEITS-ADOL HS	167	HYLATOPICPLUS	84	INLYTA	205
HUMIRA(CF)	167	HYOPHEN	149	INNOSPIRE DELUXE	15
HUMIRA(CF) PEDI CROHNS STARTER	167	<i>hyoscyamine sulfate</i>	255, 256	INNOSPIRE ELEGANCE	15
HUMIRA(CF) PEN	167	HYOSYNE	256	INNOSPIRE ESSENCE	15
HUMIRA(CF) PEN CROHNS-UC-HS	167	HYPERSONIQ NEBULIZER CARTRIDGE	181	INNOSPIRE GO NEBULIZER	15
HUMIRA(CF) PEN PSOR-UV-ADOL HS	167	<i>hypromellose</i>	225	INNOSPIRE MINI	15
HUMULIN 70/30 U-100 INSULIN ..	103	HYQVIA	143	INNOSPIRE REPLACEMENT FILTER	181
HUMULIN 70/30 U-100 KWIKPEN	103	HYQVIA HY COMPONENT	89	INOVA	85
HUMULIN N NPH INSULIN KWIKPEN	104	HYQVIA IG COMPONENT	143	INOVA 4-1	85
HUMULIN N NPH U-100 INSULIN	104	HYSINGLA ER	230	INOVA 8-2	85
HUMULIN R REGULAR U-100 INSULN	104	<i>ibandronate</i>	111	INPEN (FOR HUMALOG)	99
HUMULIN R U-500 (CONC) INSULIN	104	IBRANCE	205	INPEN (FOR NOVOLOG OR FIASP)	99
HUMULIN R U-500 (CONC) KWIKPEN	104	IBU	172	INQOVI	201
HYCAMTIN	203	<i>ibuprofen</i>	172	INREBIC	205
<i>hydralazine</i>	38	<i>ibuprofen-oxycodone</i>	228	INSPIRACHAMBER	15
HYDRO 35	85	<i>icatibant</i>	168	INSPIRACHAMBER WITH MASK-LARGE	16
<i>hydrochlorothiazide</i>	44	ICLUSIG	205	INSPIRACHAMBER WITH MASK-MED	16
<i>hydrocodone bitartrate</i>	229	IDELVION	131	INSPIRACHAMBER WITH MASK-SMALL	16
<i>hydrocodone-acetaminophen</i>	238	IDHIFA	207	INSPIRATION ELITE FILTER	181
<i>hydrocodone-chlorpheniramine</i>	64	IFE-BIMIX 30/1	108	INSUFLON	188
<i>hydrocodone-homatropine</i>	65	IFE-PG20	109	<i>insulin syrlndl u100 half mark</i>	193
<i>hydrocodone-ibuprofen</i>	227, 228	ILEVRO	118	INSULIN SYRINGE	193
<i>hydrocortisone</i>	81, 169, 175	<i>imatinib</i>	205	INSULIN SYRINGE MICROFINE ..	193
<i>hydrocortisone acetate</i>	175	IMBRUVICA	205	<i>insulin syringe needleless</i>	193
<i>hydrocortisone butyrate</i>	80, 81	<i>imipramine hcl</i>	23	<i>insulin syringe-needle u-100</i> ..	193, 194
<i>hydrocortisone butyr-emollient</i>	81	<i>imipramine pamoate</i>	23	INSUPEN	220
<i>hydrocortisone valerate</i>	81	<i>imiquimod</i>	146	INSYTE IV CATHETER	188
<i>hydrocortisone-acetic acid</i>	105	<i>imiquimod-levocetirizin-niacin</i>	146	INTELENCE	161
<i>hydrocortisone-iodoquinol</i>	69	<i>imiquimod-tretinoin-levocetir</i>	147	INTERLINK LEVER LOCK CANNULA	194
<i>hydrocortisone-iodoquinol-aloe</i>	69	IMPAVIDO	159	INTRAROSA	139
<i>hydrocortisone-pramoxine</i>	87, 174	IMVEXXY MAINTENANCE PACK ..	263	INTRON A	147
<i>hydrogen peroxide</i>	87	IMVEXXY STARTER PACK	263	INTROVALE	55
HYDROMET	65	INBRIJA	241	INVACARE LANCETS	184
<i>hydromorphone</i>	229, 230	INCASSIA	55	INVELTYS	118
<i>hydromorphone (pf)-0.9 % nacl</i>	229	INCONTROL PEN NEEDLE	220	INVIRASE	163
<i>hydroxychloroquine</i>	158	INCONTROL SUPER THIN LANCETS	184	IODOFLEX	69
<i>hydroxypropyl cellulose</i>	225	INCONTROL ULTRA THIN LANCETS	184	IODOSORB	69
<i>hydroxyurea</i>	201	INCRUSE ELLIPTA	8	IOPIDINE	123
<i>hydroxyzine hcl</i>	4	<i>indapamide</i>	44	I-PORT	189
		INDOCIN	172	I-PORT ADVANCE 6 MM INJEC PORT	189
		<i>indomethacin</i>	172		
		INFASURF	226		
		INGREZZA	211		
		INGREZZA INITIATION PACK	211		

I-PORT ADVANCE 9 MM INJEC PORT	189	KALETRA	163	KOSELUGO	203
<i>ipratropium bromide</i>	8, 212	KALLIGA	56	KOVALTRY	129
<i>ipratropium-albuterol</i>	10	KALYDECO	225	KOVANAZE	173
<i>irbesartan</i>	37	KANGAROO 924 SAFETY SCREW	188	K-PHOS NO 2	260
<i>irbesartan-hydrochlorothiazide</i>	35	KANGAROO EPUMP SET	188	K-PHOS ORIGINAL	260
IRESSA	205	KANGAROO GRAVITY SET	188	KRINTAFEL	159
ISENTRESS	164	KANGAROO SPRINKLE	38	KURVELO (28)	56
ISENTRESS HD	164	KARBINAL ER	5	KYLEENA	216
ISIBLOOM	55	KARIVA (28)	56	KYNMOBI	241
<i>isoflurane</i>	215	KATERZIA	40	<i>l norgest/e.estradiol-e.estrad</i>	56
<i>isoniazid</i>	156	KELNOR 1/35 (28)	56	L.E.T. (LIDO-EPINEPH-TETRA)	88
<i>isopropyl alcohol</i>	224	KELNOR 1-50 (28)	56	<i>labetalol</i>	35
<i>isosorbide dinitrate</i>	50	KENDALL DISINFECTANT CAP ...	194	LACRISERT	126
<i>isosorbide mononitrate</i>	50	KENGUARD FOLEY CATHETER	180	<i>lactated ringers</i>	84
<i>isotretinoin</i>	66	KEPPRA	245	<i>lactulose</i>	177
<i>isoxsuprine</i>	50	KEPPRA XR	245	LAMICTAL	246
<i>isradipine</i>	40	KERAFOAM	85	LAMICTAL ODT	245, 246
ISTURISA	110	KERALYT SCALP COMPLETE	85	LAMICTAL ODT STARTER (BLUE)	246
<i>itraconazole</i>	155	KERLIX AMD	179	LAMICTAL ODT STARTER (GREEN)	246
<i>ivermectin</i>	158	KERYDIN	72	LAMICTAL ODT STARTER (ORANGE)	246
<i>ivermectin-metronidazol-niacin</i>	68	KESIMPTA PEN	209	LAMICTAL STARTER (BLUE) KIT	246
IXINITY	131	<i>ketamine</i>	30	LAMICTAL STARTER (GREEN) KIT	246
JAIMIESS	55	<i>ketoconazole</i>	72, 155	LAMICTAL STARTER (ORANGE) KIT	246
JAKAFI	203	<i>ketoconazole-hydrocortisone</i>	71	LAMICTAL XR	246
JANTOVEN	127	<i>ketoconazole-iodoquinol-hc</i>	71	LAMICTAL XR STARTER (BLUE)	246
JANUMET	91	<i>ketoconazole-niacinamide</i>	72	LAMICTAL XR STARTER (GREEN)	247
JANUMET XR	91, 92	KETODAN KIT	72	LAMICTAL XR STARTER (ORANGE)	247
JANUVIA	93	<i>ketoprofen</i>	172	LAMIOFLUR	216
JARDIANCE	93	<i>ketorolac</i>	118, 172, 173	<i>lamivudine</i>	162, 165
JASMIEL (28)	55	KEVEYIS	252	<i>lamivudine-zidovudine</i>	161
JATENZO	139	KINERET	166	<i>lamotrigine</i>	247
JELMYTO	201	KIONEX (WITH SORBITOL)	106	LAMPIT	159
JENCYCLA	55	KISQALI	205	<i>lancets</i>	184
JENTADUETO	92	KISQALI FEMARA CO-PACK	203	LANCETS, SUPER THIN	184
JENTADUETO XR	92	KLARITY (CHONDROITIN) (PF) ...	126	LANCETS, THIN	184
JINTELI	141	KLARITY-A (AZITHRO- CHONDR)(PF)	120	LANCETS, ULTRA THIN	184
JIVI	129	KLARITY-B (BETAMETH- CHOND)(PF)	118	LANOXIN	34
JOLESSA	55	KLARITY-L (LOTEPRED- CHOND)(PF)	118	<i>lansoprazole</i>	258
JULEBER	55	KLONOPIN	243	<i>lanthanum</i>	106
JULUCA	159	KLOR-CON M10	107	LANTUS SOLOSTAR U-100 INSULIN	104
JUNEL 1.5/30 (21)	55	KLOR-CON M15	107	LANTUS U-100 INSULIN	104
JUNEL 1/20 (21)	56	KLOR-CON M20	107		
JUNEL FE 1.5/30 (28)	56	KOATE	129		
JUNEL FE 1/20 (28)	56	KOGENATE FS	129		
JUNEL FE 24	56	KORLYM	96		
JUXTAPID	47				
JYNARQUE	106				
KAITLIB FE	56				

<i>lapatinib</i>	205	<i>lidocaine hcl</i>	88, 173	LORYNA (28).....	57
LARIN 1.5/30 (21).....	56	<i>lidocaine hcl-hydrocortison ac</i>	87, 174, 175	<i>losartan</i>	37
LARIN 1/20 (21).....	56	LIDOCAINE VISCOUS.....	173	<i>losartan-hydrochlorothiazide</i>	35
LARIN 24 FE.....	56	<i>lidocaine-hydrocortisone-aloe</i>	175	LOTEMAX.....	118
LARIN FE 1.5/30 (28).....	56	<i>lidocaine-prilocaine</i>	88	LOTEMAX SM.....	118
LARIN FE 1/20 (28).....	56	<i>lidocaine-racepinep-tetracaine</i>	88	<i>loteprednol etabonate</i>	118
LARISSIA.....	57	LIDOPIN.....	88	<i>lovastatin</i>	46
<i>latanoprost</i>	123	LIDTOPIC MAX.....	89	LOW-OGESTREL (28).....	57
<i>latanoprost (pf)</i>	123	LILETTA.....	216	<i>loxapine succinate</i>	27
LATUDA.....	27	LILLOW (28).....	57	LO-ZUMANDIMINE (28).....	57
LAYOLIS FE.....	57	<i>lindane</i>	73	LUCEMYRA.....	239
LC PLUS.....	16	<i>linezolid</i>	151	LUGOLS.....	69, 114
LC PLUS NEBULIZER-PED MASK.....	16	LINZESS.....	175	<i>luliconazole</i>	72
LEENA 28.....	57	<i>liothyronine</i>	115	LUMIGAN.....	123
<i>leflunomide</i>	167	<i>lisinopril</i>	36	LUPANETA PACK (1 MONTH).....	142
LENVIMA.....	205	<i>lisinopril-hydrochlorothiazide</i>	34	LUPANETA PACK (3 MONTH).....	142
LESSINA.....	57	LITE COAT ASPIRIN.....	227	LUTERA (28).....	58
<i>letrozole</i>	202	LITE TOUCH INSULIN PEN NEEDLES.....	220	LYLLANA.....	141
<i>leucovorin calcium</i>	208	LITE TOUCH INSULIN SYRINGE.....	194	LYNPARZA.....	206
LEUKERAN.....	201	LITE TOUCH LANCETS.....	184	LYRICA.....	248
LEUKINE.....	135	LITE TOUCH-MEDIUM MASK.....	16	LYRICA CR.....	211
<i>leuprolide</i>	111	LITEAIRE MDI CHAMBER.....	16	LYSODREN.....	207
<i>levalbuterol hcl</i>	9	LITETOUCH-LARGE MASK.....	16	LYUMJEV KWIKPEN U-100 INSULIN.....	104
<i>levalbuterol tartrate</i>	9	LITETOUCH-SMALL MASK.....	16	LYUMJEV KWIKPEN U-200 INSULIN.....	104
LEVATOL.....	38	<i>lithium carbonate</i>	26	LYUMJEV U-100 INSULIN.....	104
LEVEMIR FLEXTOUCH U-100 INSULIN.....	104	<i>lithium citrate</i>	26	LYZA.....	58
LEVEMIR U-100 INSULIN.....	104	LITHOBID.....	26	<i>mafenide acetate</i>	73
<i>levetiracetam</i>	247, 248	LITHOSTAT.....	176	MAGELLAN INSULIN SAFETY SYRNG.....	194
<i>levobunolol</i>	123	LIVALO.....	46	MAGELLAN SYRINGE.....	195
<i>levocarnitine</i>	217	LO LOESTRIN FE.....	57	MAGIC3 INTERMITTENT CATHETER.....	180
<i>levocarnitine (with sugar)</i>	217	LO-DOSE ASPIRIN.....	136	<i>malathion</i>	73
<i>levocetirizine</i>	5	LOFRIC.....	180	<i>maprotiline</i>	23
<i>levofloxacin</i>	120, 153	LOFRIC PRIMO NELATON CATHETER.....	180	MAR-COF BP.....	64
LEVONEST (28).....	57	LOJAIMIESS.....	57	MAR-COF CG.....	65
<i>levonorgestrel</i>	57	LOKELMA.....	106	MARLISSA (28).....	58
<i>levonorgestrel-ethinyl estrad</i>	57	LOMAIRA.....	265	MARPLAN.....	20
<i>levonorg-eth estrad triphasic</i>	57	LONHALA MAGNAIR REFILL.....	8	MARVONA SUIK (PF).....	173
LEVORA-28.....	57	LONHALA MAGNAIR STARTER.....	8	MATULANE.....	207
<i>levorphanol tartrate</i>	230	LONSURF.....	201	MATZIM LA.....	40
LEVO-T.....	115	<i>loperamide</i>	176	MAVENCLAD (10 TABLET PACK).....	210
<i>levothyroxine</i>	115	<i>lopinavir-ritonavir</i>	163	MAVENCLAD (4 TABLET PACK).....	210
LEVOXYL.....	115	<i>lorazepam</i>	25, 26	MAVENCLAD (5 TABLET PACK).....	210
LEVULAN.....	208	LORAZEPAM INTENSOL.....	25	MAVENCLAD (6 TABLET PACK).....	210
LEXIVA.....	163	LORBRENA.....	206	MAVENCLAD (7 TABLET PACK).....	210
LIALDA.....	174	LORCET HD.....	239	MAVENCLAD (8 TABLET PACK).....	210
LICART.....	83	LORTAB ELIXIR.....	239		
LIDO BDK.....	213				
<i>lidocaine</i>	88				

MAVENCLAD (9 TABLET PACK) ..210	<i>mesalamine with cleansing wipe</i> ... 174	MICROGESTIN 1/20 (21)..... 58
MAVYRET 166	MESNEX.....208	MICROGESTIN 24 FE 58
MAXICOMFORT II PEN NEEDLE . 220	METADATE ER..... 32	MICROGESTIN FE 1.5/30 (28)..... 58
MAXICOMFORT INSULIN	<i>metaproterenol</i>.....9	MICROGESTIN FE 1/20 (28)..... 58
SYRINGE.....195	METAXALL..... 253	MICROLET LANCET 184
MAXI-COMFORT INSULIN	<i>metaxalone</i> 253	<i>microplegic solution no.1</i> 214
SYRINGE.....195	<i>metformin</i> .....94, 95	<i>microplegic solution no.1-cp2d</i> 214
MAXICOMFORT SAFETY PEN	<i>methadone</i> .....230, 231	MICROSPACER..... 16
NEEDLE 220	METHADONE INTENSOL .....230	<i>midazolam</i> 30, 215
MAXIDEX.....118	METHADOSE 231	<i>midazolam (pf)</i> .....215
MAXI-TUSS AC 65	<i>methamphetamine</i> 24	<i>midodrine</i> 49
MAXI-TUSS CD 64	<i>methazolamide</i> 122	MIFEPREX..... 212
MAYZENT .....210	<i>methenamine hippurate</i> 150	<i>mifepristone</i> 212
MAYZENT STARTER PACK..... 210	<i>methenamine mandelate</i> 150	MIGERGOT 236
MB HYDROGEL 84	<i>methen-sod phos-meth blue-hyos</i> . 150	<i>miglitol</i> .....93
M-CLEAR WC .....65	<i>methimazole</i> 114	<i>miglustat</i> 215
<i>meclizine</i> 7	METHITEST 139	MILI .....58
<i>meclofenamate</i> 173	<i>methocarbamol</i>.....253	MILLIPRED 169
MEDIHONEY (HYDROCOLLOID- HONEY)..... 179	<i>methotrexate sodium</i> 202	MILLIPRED DP 169
MEDISENSE THIN LANCETS .....184	<i>methotrexate sodium (pf)</i> .....201, 202	MIMVEY .....142
MEDLANCE PLUS LANCETS 184	<i>methoxsalen</i> 89	MINI PLUS NEBULIZER.....16
MEDLANCE PLUS SPECIAL	<i>methscopolamine</i> .....256	MINI ULTRA-THIN II.....220
BLADE 184	<i>methyl salicylate</i> 85	MINI WRIGHT PEAK FLOW
MEDROL 169	<i>methylidopa</i> 38	METER..... 16
MEDROLOAN II SUIK 169	<i>methylidopa-hydrochlorothiazide</i> .....38	MINILINK REAL-TIME
MEDROLOAN SUIK..... 169	<i>methylergonovine</i> 63	TRANSMITTER..... 99
<i>medroxyprogesterone</i> .....51, 142	<i>methylphenidate hcl</i>.....32	MINIMED 530G INSULIN PUMP ....99
<i>mefenamic acid</i> .....173	<i>methylprednisolone</i> .....169	MINIMED 630G GUARDIAN
<i>mefloquine</i> 159	<i>methyltestosterone</i> 139	START KT 99
<i>megestrol</i> 209, 212, 213	<i>metipranolol</i> 123	MINIMED 630G INSULIN PUMP ....99
MEKINIST .....203	<i>metoclopramide hcl</i>.....257	MINIMED 670G INSULIN PUMP ....99
MEKTOVI.....203	<i>metolazone</i> 44	MINIMED 770G INSULIN PUMP ....99
MELODETTA 24 FE 58	<i>metoprolol succinate</i> .....38	MINIMED INFUSION SET 99
<i>meloxicam</i> .....173	<i>metoprolol ta-hydrochlorothiaz</i> 39	MINIMED INFUSION SET-MMT
<i>melphalan</i> 201	<i>metoprolol tartrate</i> .....38	390 .....99
<i>memantine</i> 19	<i>metronidazole</i> 68, 158, 262	MINIMED INFUSION SET-MMT
MENACTRA (PF).....143	<i>metyrosine</i> 37	391 .....99
M-END PE 64	<i>mexiletine</i> .....33	MINIMED INFUSION SET-MMT
MENEST .....142	MIACALCIN..... 111	392 .....99
MENOPUR..... 109	MIBELAS 24 FE .....58	MINIMED INFUSION SET-MMT
MENOSTAR 142	<i>miconazole nitrate-zinc ox-pet</i> 72	393 .....99
MENTAX..... 72	MICONAZOLE-3 .....262	MINIMED MIO 18" 99
MENVEO A-C-Y-W-135-DIP (PF). 143	MICRO THIN LANCETS 184	MINIMED MIO 23" 99
<i>meperidine</i> .....230	MICROAIR MESH NEBULIZER..... 16	MINIMED MIO 32" 99
<i>meperidine (pf)</i> .....230	MICROBORE EXTENSION SET ...189	MINIMED QUICK SET 18" 99
<i>meprobamate</i> .....26	MICROCHAMBER..... 16	MINIMED QUICK SET 23" 99
<i>mercaptapurine</i> .....201	MICRODOT INSULIN PEN	MINIMED QUICK SET 32" 99
<i>mesalamine</i> 174	NEEDLE 220	MINIMED QUICK SET 43" 99
	MICROGESTIN 1.5/30 (21)..... 58	MINIMED SILHOUETTE 18" 99

MINIMED SILHOUETTE 23"	100	<i>mupirocin calcium</i>	70	<i>neomycin-polymyxin-gramicidin</i>	121
MINIMED SILHOUETTE 32"	100	<i>mupirocin-lidocaine</i>	71	<i>neomycin-polymyxin-hc</i>	105, 116
MINIMED SILHOUETTE 43"	100	MURI-LUBE	224	NEO-POLYCIN	121
MINIMED SURE T 18"	100	MUSE	109	NEO-POLYCIN HC	116
MINIMED SURE T 23"	100	MY CHOICE	58	NEORAL	148
MINIMED SURE T 32"	100	MY MDI PORTABLE NEBULISER ..	16	NEO-SYNALAR	75
MINIMED SYRINGE RESERVOIR	195	MY WAY	58	NEO-SYNALAR KIT	75
MINITRAN	50	MYALEPT	113	NERLYNX	206
<i>minocycline</i>	154	MYCAPSSA	224	NEUAC	67
<i>minoxidil</i>	38	<i>mycophenolate mofetil</i>	147	NEULASTA	135
MIO INFUSION SET	100	<i>mycophenolate sodium</i>	147	NEULASTA ONPRO	135
MIRCERA	132	MYDAYIS	24	NEUPOGEN	135
<i>mirtazapine</i>	20	MYDRIATIC4(TROP-PROP-PE-		NEUPRO	241
MIRVASO	68	KTRLC)	126	NEURAPTINE	91
<i>misoprostol</i>	256	<i>myelogram tray</i>	188	NEURONTIN	248
MISTASSIST KIT	16	MYGLUCOHEALTH LANCETS	184	NEVANAC	118
MITOSOL	126	MYLERAN	201	<i>nevirapine</i>	162
MKO (MIDAZOLAM-KETAMINE-		MYORISAN	66	NEW DAY	58
ONDAN)	31	MYRBETRIQ	260	NEXAVAR	206
M-M-R II (PF)	145	MYSOLINE	248	NEXAVIR	200
<i>modafinil</i>	30	MYTESI	176	NEXIUM PACKET	258
<i>moexipril</i>	36	<i>nabumetone</i>	173	NEXIVA	189
<i>molindone</i>	28, 29	<i>nadolol</i>	38	NEXLETOL	44
<i>mometasone</i>	6, 81	<i>nadolol-bendroflumethiazide</i>	39	NEXLIZET	47
MONDOXYNE NL	154, 155	<i>naftifine</i>	72	NEXPLANON	51
MONO-FLO DRAINAGE BAG	180	NAFTIN	72	<i>niacin</i>	48
MONOJECT INSULIN SAFETY		<i>nalbuphine</i>	232	NIACOR	48
SYRING	195	<i>naloxone</i>	30	<i>nicardipine</i>	40
MONOJECT INSULIN SYRINGE ..	195	<i>naltrexone</i>	30	<i>nicotine</i>	254
MONOJECT LUER ADAPTER	189	NAMENDA XR	19	<i>nicotine (polacrilex)</i>	253, 254
MONOJECT SYRINGE	195	NAMZARIC	19	NICOTROL	254
MONOJECT ULTRA COMFORT		<i>naproxen</i>	173	NICOTROL NS	254
INSULIN	195	<i>naproxen sodium</i>	173	<i>nifedipine</i>	40, 41
MONOLET LANCETS	184	<i>naratriptan</i>	236	NIKKI (28)	58
MONOLET THIN LANCETS	184	NARCAN	30	<i>nilutamide</i>	201
MONO-LINYAH	58	NATACYN	121	<i>nimodipine</i>	41
MONONINE	131	NATAZIA	58	NINJACOF-XG	65
MONSEL'S	138	<i>nateglinide</i>	94	NINLARO	206
<i>montelukast</i>	12	NATPARA	114	<i>nisoldipine</i>	41
<i>morphine</i>	232	NAYZILAM	243	<i>nitisinone</i>	215
<i>morphine (pf)</i>	231	NEBUPENT	159	NITRO-BID	50
<i>morphine concentrate</i>	231	NEBUSAL	215, 216	NITRO-DUR	50
<i>morphine in 0.9 % sodium chlor</i>	232	NECON 0.5/35 (28)	58	<i>nitrofurantoin</i>	151
MOVANTIK	178	<i>nefazodone</i>	21	<i>nitrofurantoin macrocrystal</i>	151
MOXATAG	152	<i>neomycin</i>	156	<i>nitrofurantoin monohyd/m-cryst</i>	151
<i>moxifloxacin</i>	120, 121, 153	<i>neomycin-bacitracin-poly-hc</i>	116	<i>nitroglycerin</i>	50
MULPLETA	137	<i>neomycin-bacitracin-polymyxin</i>	121	NITROMIST	50
MULTAQ	33	<i>neomycin-polymyxin b gu</i>	84	NITRO-TIME	50
<i>mupirocin</i>	70	<i>neomycin-polymyxin b-dexameth</i> ..	116	NITYR	215

NIVESTYM.....	135	NUPLAZID.....	31	ONETOUCH SURESOFT	
<i>nizatidine</i>	257	NURTEC ODT.....	236	LANCING DEV.....	100, 185
NOCDURNA (MEN).....	110	NUVESSA.....	262	ONETOUCH ULTRASOFT	
NOCDURNA (WOMEN).....	110	NUWIQ.....	129	LANCETS.....	185
NOCTIVA.....	110	NUZYRA.....	155	ONEXTON.....	67
NORA-BE.....	58	NYAMYC.....	72	ONGENTYS.....	241
NORDITROPIN FLEXPRO.....	113	NYMALIZE.....	41	ON-THE-GO LANCETS.....	185
<i>noreth-ethinyl estradiol-iron</i>	58, 59	<i>nystatin</i>	72, 156	ONUREG.....	202
<i>norethindrone (contraceptive)</i>	59	<i>nystatin-triamcinolone</i>	72	OPCICON ONE-STEP.....	59
<i>norethindrone acetate</i>	142	NYSTOP.....	73	<i>opium tincture</i>	176
<i>norethindrone ac-eth estradiol</i>	59, 142	OASIS WOUND MATRIX		OPSUMIT.....	42
<i>norethindrone-e.estradiol-iron</i>	59	FENESTRATED.....	179	OPTICHAMBER ADULT MASK-	
NORGESIC FORTE.....	253	OASIS WOUND MATRIX		LARGE.....	16
<i>norgestimate-ethinyl estradiol</i>	59	MESHED.....	179	OPTICHAMBER DIAMOND LG	
NORLYDA.....	59	OBIZUR.....	129	MASK.....	16
NORMAL SALINE FLUSH.....	108	OBREDON.....	66	OPTICHAMBER DIAMOND VHC....	16
NORMLGEL AG.....	69	OALIVA.....	177	OPTICHAMBER DIAMOND-MED	
NORPACE CR.....	33	OCELLA.....	59	MSK.....	16
NORTHERA.....	49	<i>octreotide acetate</i>	224	OPTICHAMBER DIAMOND-SML	
NORTREL 0.5/35 (28).....	59	ODACTRA.....	3	MASK.....	16
NORTREL 1/35 (21).....	59	ODEFSEY.....	164	OPTION-2.....	59
NORTREL 1/35 (28).....	59	ODOMZO.....	203	ORACIT.....	261
NORTREL 7/7/7 (28).....	59	OFEV.....	226	ORALAIR.....	3
<i>nortriptyline</i>	23	<i>ofloxacin</i>	105, 121, 153	ORALONE.....	212
NORVIR.....	163	<i>olanzapine</i>	27	ORAMAGICRX.....	223
NOSE CLIP.....	181	<i>olanzapine-fluoxetine</i>	31	ORAQIX.....	174
NOURIANZ.....	241	<i>olmesartan</i>	37	ORAVIG.....	155
NOVA SAFETY LANCETS.....	184	<i>olmesartan-amlodipin-hcthiazyd</i>	35	ORENCIA.....	168
NOVA SUREFLEX LANCETS.....	185	<i>olmesartan-hydrochlorothiazide</i>	36	ORENCIA CLICKJECT.....	168
NOVAREL.....	110	<i>olopatadine</i>	5, 117	ORENITRAM.....	43
NOVOEIGHT.....	129	OMBRA COMPRESSOR SYSTEM.....	16	ORFADIN.....	215
NOVOFINE 32.....	220	OMECLAMOX-PAK.....	257	ORIAHNN.....	113
NOVOFINE AUTOCOVER.....	220	<i>omega-3 acid ethyl esters</i>	49	ORLISSA.....	114
NOVOFINE PLUS.....	221	<i>omeprazole</i>	258	ORKAMBI.....	226
NOVOPEN ECHO.....	100	<i>omeprazole-sodium bicarbonate</i>		<i>orphenadrine citrate</i>	253
NOVOSEVEN RT.....	129	.....	258, 259	<i>orphenadrine-asa-caffeine</i>	253
NOVOTWIST.....	221	OMNIPOD DASH 5 PACK POD....	100	ORPHENGESIC FORTE.....	253
NOXAFIL.....	155	OMNIPOD DASH PDM KIT.....	100	ORSYTHIA.....	60
NP THYROID.....	115	OMNIPOD INSULIN		OSCIMIN.....	256
NUBEQA.....	201	MANAGEMENT.....	100	OSCIMIN SL.....	256
NUCALA.....	13	OMNIPOD INSULIN REFILL.....	100	OSCIMIN SR.....	256
NUCORT.....	81	ON CALL LANCET.....	185	<i>oseltamivir</i>	159, 160
NUCYNTA.....	232	ON CALL PLUS LANCET.....	185	OSMOPREP.....	177
NUCYNTA ER.....	232	<i>ondansetron</i>	7	OSPHERA.....	114
NUDEXTA.....	211	<i>ondansetron hcl</i>	7	OTEZLA.....	167
NULYTELY LEMON-LIME.....	177	ONETOUCH DELICA LANCETS...185		OTEZLA STARTER.....	168
NUMBONEX.....	89	ONETOUCH DELICA PLUS		OTIPRIO.....	105
NUMBRINO.....	212	LANCET.....	185	OTREXUP (PF).....	166
NUMOISYN.....	223			OVACE PLUS.....	83

OVACE PLUS SHAMPOO	83	PAREMYD	125	PFLEX INSPIRATORY TRAINER... 17
OXIDREL	110	PARI BABY CONV KIT - SIZE 1 ...	181	PHARMABASE BARRIER.....87
<i>oxandrolone</i>	139	PARI BABY CONV KIT - SIZE 2 ...	181	PHASEAL ASSEMBLY FIXTURE .
<i>oxaprozin</i>	173	PARI BABY CONV KIT - SIZE 3 ...	181	189
OXAYDO	232	PARI SINUS AEROSOL SYSTEM..	16	PHASEAL CONNECTOR LUER
<i>oxazepam</i>	26	<i>paricalcitol</i>	113	LOCK..... 189
OXBRYTA	136	PAROEX ORAL RINSE	212	PHASEAL INFUSION ADAPTER..
<i>oxcarbazepine</i>	248	<i>paromomycin</i>	158	189
OXERVATE	121	<i>paroxetine hcl</i>	21	PHASEAL INFUSION CLAMP
<i>oxiconazole</i>	73	<i>paroxetine mesylate(menop.sym)</i> ...	29	189
OXISTAT	73	PASER	156	PHASEAL INJECTOR LUER.....
OXTELLAR XR.....	248	PAXIL	21	189
<i>oxybutynin chloride</i>	261	P-CARE D40G	169	PHASEAL INJECTOR LUER
<i>oxycodone</i>	233	P-CARE D80G	169	LOCK..... 189
<i>oxycodone-acetaminophen</i>	239	P-CARE K40G	169	PHASEAL SECONDARY SET
<i>oxycodone-aspirin</i>	239	P-CARE K80G	169	189
OXYCONTIN	233	P-CARE MG (PF)	174	PHASEAL Y-SITE
<i>oxymorphone</i>	233	PCCA ACCUPEN-15	188	189
OXYTROL	261	PEDIA IRON	265	<i>phenazopyridine</i>
OZEMPIC	92	PEDIATRIC COMP-AIR		<i>phenazopyridine</i>
OZOBAX	253	COMPRES NEB	16	<i>phenazopyridine tartrate</i>
PACERONE	33	PEDIATRIC DINOSAUR		265
PACNEX HP	86	NEBULIZER	16	<i>phenelzine</i>
PACNEX LP	86	PEDIATRIC DOG NEBULIZER.....	17	20
PALFORZIA (LEVEL 1)	3	PEDIATRIC FROG NEBULIZER.....	17	<i>phenobarbital</i>
PALFORZIA (LEVEL 2)	3	<i>peg 3350-electrolytes</i>	178	29
PALFORZIA (LEVEL 3)	3	<i>peg3350-sod sul-nacl-kcl-asb-c</i>	178	<i>phenoxybenzamine</i>
PALFORZIA (LEVEL 4)	3	PEGANONE	248	35
PALFORZIA (LEVEL 5)	3	PEGASYS	165	<i>phentermine</i>
PALFORZIA (LEVEL 6)	3	<i>peg-electrolyte soln</i>	178	265
PALFORZIA (LEVEL 7)	4	PEGINTRON	165	<i>phenylephrine hcl</i>
PALFORZIA (LEVEL 8)	4	PEG-PREP	178	120
PALFORZIA (LEVEL 9)	4	PEMAZYRE	206	<i>phenyleph-tropicamide in water</i>
PALFORZIA (LEVEL 10)	4	PEN NEEDLE	221	125
PALFORZIA (LEVEL 11 UP-		<i>pen needle, diabetic</i>	221	PHENYTEK
DOSE)	4	<i>penicillamine</i>	166	248
PALFORZIA INITIAL DOSE	4	<i>penicillin v potassium</i>	152	<i>phenytoin</i>
PALFORZIA LEVEL 11		<i>pentamidine</i>	159	<i>phenytoin sodium extended</i>
MAINTENANCE	4	PENTASA	174	60
<i>paliperidone</i>	28	<i>pentazocine-naloxone</i>	233	PHOS-FLUR
PALYNZIQ	200	PENTIPS	221	264
PANDEL	82	<i>pentoxifylline</i>	133	PHOSLYRA
PANRETIN	88	PERFOROMIST	9	106
<i>pantoprazole</i>	259	<i>perindopril erbumine</i>	36	PHOSPHASAL
<i>papaverine</i>	50	PERIO MED	264	150
PARADIGM RESERVOIR.....	195	PERIOGARD	212	PHOSPHOLINE IODIDE
PARADIGM SILHOUETTE INFUS		<i>permethrin</i>	73	123
SET	189	<i>perphenazine</i>	29	PHOTREXA
PARAGARD T 380A.....	216	<i>perphenazine-amitriptyline</i>	22	126
				PHOTREXA CROSS-LINKING KIT
				..... 126
				PHOTREXA VISCOUS
				126
				PHYSIOLYTE
				84
				PHYSIOSOL IRRIGATION
				84
				<i>phytonadione (vitamin k1)</i>
				138, 139
				PICATO
				88
				PIFELTRO
				162
				PILLOW MASK CHILD
				181
				<i>pilocarpine hcl</i>
				123, 200
				<i>pimecrolimus</i>
				91
				<i>pimozide</i>
				26
				PIMTREA (28)
				60
				<i>pindolol</i>
				38
				<i>pioglitazone</i>
				94
				<i>pioglitazone-glimepiride</i>
				96
				<i>pioglitazone-metformin</i>
				97
				PIP LANCET
				185
				PIQRAY
				206
				PIRMELLA
				60

<i>piroxicam</i>	173	<i>prednisolone sodium phosphate</i>	119, 170	PROAIR RESPICLICK.....	9
PLANTAGO-HOMACCORD	216	<i>prednisolone-moxiflo-nepafenac</i>	116	<i>probenecid</i>	127
PLEGRIDY	210	<i>prednisolone-moxifloxacin hcl</i>	117	<i>probenecid-colchicine</i>	127
PLENVU	178	<i>prednisolone-moxiflox-bromfen</i>	116	PROCARE COMPRESSOR NEBULIZER.....	17
PLEXION CLEANSING CLOTHS....	73	<i>prednisone</i>	170	PROCARE PEDIATRIC NEBULIZER.....	17
PNEUMOVAX-23.....	144	PREDNISONE INTENSOL.....	170	PROCARE SPACER WITH ADULT MASK.....	17
POCKET CHAMBER.....	17	PREFEST.....	142	PROCARE SPACER WITH CHILD MASK.....	17
POD-CARE 100CG.....	169	<i>pregabalin</i>	248	PRO-CEPTION.....	181
POD-CARE 100KG.....	169	PREGNYL.....	110	PROCHAMBER.....	17
PODOCON.....	86	PREMARIN.....	142, 263	<i>prochlorperazine</i>	7
<i>podofilox</i>	86	PREMPHASE.....	142	<i>prochlorperazine maleate</i>	7
POLYCIN.....	121	PREMPRO.....	142	PROCORT.....	175
<i>polymyxin b sulf-trimethoprim</i>	121	PREPIDIL.....	63	PROCRIT.....	132
POLYTOZA.....	179	PREPOPIK.....	178	PROCTOFOAM HC.....	175
POLY-TUSSIN AC.....	64	PRESERA.....	84	PROCTO-MED HC.....	82
POMALYST.....	203	PRESSURE ACTIVATED LANCETS.....	185	PROCTO-PAK.....	82
PONTOCAINE.....	89	<i>pretomanid</i>	156	PROCTOSOL HC.....	82
POPULUS COMPOSITUM.....	216	PREVALITE.....	48	PROCTOZONE-HC.....	82
PORTABLE NEBULIZER SYSTEM..	17	PREVENT DROPSAFE PEN NEEDLE.....	221	PROCYSBI.....	260
PORTIA 28.....	60	PREVIDENT.....	264	PRODIGY INSULIN SYRINGE.....	196
<i>posaconazole</i>	155	PREVIDENT 5000 DRY MOUTH..	264	PRODIGY LANCETS.....	185
POTABA.....	265	PREVIDENT 5000 ENAMEL PROTECT.....	264	PRODIGY MINI-MIST NEBULIZER..	17
<i>potassium chloride</i>	107, 108	PREVIDENT 5000 SENSITIVE....	264	PRODIGY TWIST TOP LANCET..	185
<i>potassium citrate</i>	261	PREVIFEM.....	60	PROFILNINE.....	131
PR BENZOYL PEROXIDE.....	86	PREVYMIS.....	160	<i>progesterone</i>	142
PR CREAM.....	87	PREZCOBIX.....	160	<i>progesterone micronized</i>	142
<i>pralidoxime</i>	214	PREZISTA.....	160	PROGRAF.....	148
PRALUENT PEN.....	47	PRIFTIN.....	157	PROLASTIN-C.....	200
<i>pramipexole</i>	241	PRILOSEC.....	259	PROLATE.....	239
PRAMOSONE.....	87	<i>primaquine</i>	159	PROLENSA.....	119
<i>prasugrel</i>	136	PRIMEAIRE.....	17	PROMACTA.....	137
<i>pravastatin</i>	46	<i>primidone</i>	249	<i>promethazine</i>	5, 7
<i>praziquantel</i>	158	PRIMLEV.....	239	<i>promethazine-codeine</i>	64
<i>prazosin</i>	35	PRIMSOL.....	150	<i>promethazine-dm</i>	66
PRECISION XTRA TEST.....	97	PRO COMFORT INSULIN SYRINGE.....	195	<i>promethazine-phenyleph-codeine</i> ..	64
PRED MILD.....	118	PRO COMFORT LANCET.....	185	<i>promethazine-phenylephrine</i>	63
PRED-G.....	116	PRO COMFORT PEN NEEDLE....	221	PROMETHEGAN.....	8
PRED-G S.O.P.....	116	PRO COMFORT SPACER-ADULT MASK.....	17	PRONEB ULTRA II FILTER ASSEM.....	181
<i>prednicarbate</i>	82	PRO COMFORT SPACER-CHILD MASK.....	17	<i>propafenone</i>	33
<i>prednisol ace-gatiflox-bromfen</i>	116	PRO COMFORT TENS ELECTRODE.....	181	<i>propantheline</i>	256
<i>prednisoln sp-gatiflox-bromfen</i>	116	PRO COMFORT TENS UNIT.....	181	<i>proparacaine</i>	119
<i>prednisoln sp-moxiflox-bromfen</i>	116			<i>propranolol</i>	39
<i>prednisolone</i>	169			<i>propranolol-hydrochlorothiazid</i>	39
<i>prednisolone acetate</i>	119			<i>propylthiouracil</i>	114
<i>prednisolone acetate (pf)</i>	118				
<i>prednisolone acetate-nepafenac</i> ...	119				
<i>prednisolone acet-gatifloxacin</i>	116				
<i>prednisolone sod ph-bromfenac</i>	119				
<i>prednisolone sod ph-moxiflox</i>	117				

PROSTIN E2.....	63	RAGWITEK.....	4	RESTASIS.....	121
PROTONIX.....	259	<i>raloxifene</i>	111	RESTASIS MULTIDOSE.....	121
<i>protriptyline</i>	23	<i>ramipril</i>	37	RESTORE.....	180
PROVENT.....	17	<i>ranolazine</i>	49	RESTORE CALCIUM ALGINATE.....	179
PROVENT STARTER.....	17	RAPAMUNE.....	148	RESTORE CONTACT LAYER	
PSORINOHEEL.....	216	RAPPORT VACUUM THERAPY.....	224	SILVER.....	179
PULMICORT FLEXHALER.....	12	<i>rasagiline</i>	241	RESTORE FOAM DRESSING	
PULMO-AIDE COMPRESSOR.....	17	RATE FLOW REGULATOR IV		SILVER.....	180
PULMONEB LT COMPRESSOR		SET.....	189	RETACRIT.....	132
NEBUL.....	17	RAVICTI.....	176	RETEVMO.....	206
PULMOZYME.....	226	RAYALDEE.....	113	RETIN-A MICRO PUMP.....	69
PURE COMFORT LANCETS.....	185	READYLANCE SAFETY		REUSABLE NEBULIZER KIT.....	181
PURE COMFORT PEN NEEDLE.....	221	LANCETS.....	185	REVCIVI.....	217
PURE COMFORT SAFETY		REBIF (WITH ALBUMIN).....	210	REVEL PEDIATRIC PROGRAM	
LANCETS.....	185	REBIF REBIDOSE.....	210	PUMP.....	100
PURIXAN.....	202	REBIF TITRATION PACK.....	210	REVEL PROGRAMMABLE PUMP.....	100
PUSH BUTTON SAFETY		REBINYN.....	131	REVLIMID.....	204
LANCETS.....	185	RECEDO.....	87	REXULTI.....	27
PYLERA.....	257	RECLIPSEN (28).....	60	REYATAZ.....	163
<i>pyrazinamide</i>	156	RECOMBINATE.....	130	REYVOW.....	236
<i>pyridostigmine bromide</i>	19, 20	RECOMBIVAX HB (PF).....	146	RHOFADE.....	68
<i>pyrimethamine</i>	159	RECOTHROM.....	138	RHOPRESSA.....	123
QBRELIS.....	37	RECOTHROM SPRAY KIT.....	138	<i>ribavirin</i>	160, 165
QBREXZA.....	201	RECTIV.....	175	RIDAURA.....	170
Q-CARE RX Q2.....	212	REGENECARE.....	89	<i>rifabutin</i>	156
Q-CARE RX Q4.....	212	REGIOCIT (EUA).....	130	RIFAMATE.....	157
QDOLO.....	233	REGRANEX.....	101	<i>rifampin</i>	157
QINLOCK.....	206	RELAGARD.....	262	RIFATER.....	157
QNASL.....	6	RELENZA DISKHALER.....	160	RIGHTEST GL300 LANCETS.....	185
QUAKE VIBRATORY PEP.....	17	RELIAMED LANCET.....	185	<i>riluzole</i>	211
<i>quazepam</i>	30	RELIAMED SAFETY SEAL		<i>rimantadine</i>	160
QUDEXY XR.....	249	LANCETS.....	185	<i>ringer's</i>	84
<i>quetiapine</i>	28	RELIAMED TWIST AND CAP		RINVOQ.....	171
QUICK-SET PARADIGM.....	100	LANCET.....	185	RIOMET ER.....	95
QUICK-SET PARADIGM 43".....	100	RELION NEEDLES.....	221	<i>risedronate</i>	112
QUILLICHEW ER.....	32	RELION PEN NEEDLES.....	221	<i>risperidone</i>	28
QUILLIVANT XR.....	32	RELION THIN LANCETS.....	185	RITFLO AEROCHAMBER.....	17
<i>quinapril</i>	37	RELION ULTRA THIN PLUS		<i>ritonavir</i>	163
<i>quinapril-hydrochlorothiazide</i>	35	LANCETS.....	185	<i>rivastigmine</i>	20
<i>quinidine gluconate</i>	33	RELISTOR.....	178	<i>rivastigmine tartrate</i>	20
<i>quinidine sulfate</i>	33	RELIZORB.....	188	RIVELSA.....	60
<i>quinine sulfate</i>	159	RENACIDIN.....	261	RIXUBIS.....	131
QUIT 2.....	254	RENEEL.....	216	<i>rizatriptan</i>	236
QUIT 4.....	254	<i>repaglinide</i>	94	ROBINSON CLEAR VINYL	
QUTENZA.....	85	<i>repaglinide-metformin</i>	96	CATHETER.....	181
QVAR REDHALER.....	12	REPATHA PUSHTRONEX.....	47	ROCKLATAN.....	123
<i>rabeprazole</i>	259	REPATHA SURECLICK.....	47	<i>ropinirole</i>	241, 242
RADIAGEL.....	223	REPATHA SYRINGE.....	47	ROSDAN.....	68
RADIOGARDASE.....	218	RESPA-AR.....	63	ROSANIL.....	73

ROSULA.....	74	SELZENTRY.....	161	SITAVIG.....	160
ROSULA CLEANSING CLOTHS.....	73	SEMPREX-D.....	3	SIVEXTRO.....	152
<i>rosuvastatin</i>	46	SEREVENT DISKUS.....	10	SKLICE.....	73
ROWEEPRA.....	249	SERNIVO.....	82	SKYRIZI.....	90
ROWEEPRA XR.....	249	SEROQUEL XR.....	28	SLYND.....	60
ROZLYTREK.....	206	SEROSTIM.....	113	SMART SENSE LANCETS.....	186
RUBBER MOUTHPIECE.....	182	<i>sertraline</i>	21	SMARTEST LANCET.....	186
RUBRACA.....	206	SETLAKIN.....	60	<i>sodium chlor 0.9% bacteriostat</i>	108
RUCONEST.....	168	<i>sevelamer carbonate</i>	107	<i>sodium chloride</i>	85, 89, 108, 216
<i>rufinamide</i>	249	<i>sevelamer hcl</i>	107	<i>sodium chloride 0.45 %</i>	108
RUKOBIA.....	161	SEVENFACT.....	130	<i>sodium chloride 0.9 %</i>	108
RUZURGI.....	211	<i>sevoflurane</i>	215	<i>sodium chloride 0.9 % (flush)</i>	108
RYBELSUS.....	92	SF.....	264	<i>sodium citrate</i>	130
RYDAPT.....	206	SF 5000 PLUS.....	264	<i>sodium citrate in 0.9 % nacl</i>	130
RYDEX.....	64	SHAROBEL.....	60	SODIUM FLUORIDE 5000 PLUS.....	264
RYTARY.....	242	SHINGRIX (PF).....	146	<i>sodium fluoride-pot nitrate</i>	264
SABAL-HOMACCORD.....	216	SHINGRIX ADJUVANT		<i>sodium iodide-123</i>	208
SABRIL.....	249	COMPONENT-PF.....	225	<i>sodium iodide-131</i>	209
SAF-CLENS AF DERMAL		SHINGRIX GE ANTIGEN		<i>sodium phenylbutyrate</i>	176
WOUND.....	91	COMPONENT.....	146	SODIUM POLYSTYRENE (SORB	
SAFESNAP INSULIN SYRINGE...	196	SHOHL'S MODIFIED.....	261	FREE).....	107
SAFETY LANCETS.....	186	SIDESTREAM.....	17	<i>sodium polystyrene sulfonate</i>	107
SAFETY PEN NEEDLE.....	222	SIDESTREAM MASK.....	182	SOFT TOUCH LANCETS.....	186
SAFETY SEAL LANCETS.....	186	SIDESTREAM NEBULIZER.....	17	<i>solifenacin</i>	261
SAFETY-LET LANCETS.....	186	SIDESTREAM PLUS.....	17	SOLIQUA 100/33.....	95
<i>salicylic acid</i>	86	SIGNIFOR.....	225	SOLOSEC.....	158
<i>salicylic acid-sulfacetamide</i>	67	SIKLOS.....	137	SOLTAMOX.....	209
<i>salicylic-cimetidine-lidocaine</i>	86	SILASTIC FOLEY CATHETER.....	181	SOLU-CORTEF.....	170
SALIMEZ FORTE.....	86	<i>sildenafil</i>	109	SOLU-CORTEF ACT-O-VIAL (PF)	170
<i>salsalate</i>	227	<i>sildenafil (pulm.hypertension)</i>	42	SOLUS V2 LANCETS.....	186
SALVAX.....	86	SILHOUETTE.....	100	SOMAVERT.....	112
SALVAX DUO PLUS.....	86	SILHOUETTE 23"-FULL SET.....	100	SOOLANTRA.....	69
SAMI THE SEAL.....	17	SILHOUETTE 43"-FULL SET.....	100	SOOTHENEB COMPRESSOR	
SAMI THE SEAL MASK.....	182	SILICONE MASK.....	182	NEBULIZER.....	17
SANCUSO.....	8	SILICONE MASK - INFANT.....	17	SOOTHENEB MESH NEBULIZER..	18
SANDIMMUNE.....	148	SILIQ.....	90	<i>sorbitol</i>	85
SANTYL.....	89	<i>silodosin</i>	260	<i>sorbitol-mannitol</i>	85
SAPHRIS.....	28	<i>silver nitrate</i>	69, 86	SORILUX.....	90
<i>sapropterin</i>	200	<i>silver nitrate applicators</i>	86	SORINE.....	39
SAVELLA.....	211	<i>silver sulfadiazine</i>	74	<i>sotalol</i>	39
SAXENDA.....	265	SIMBRINZA.....	123	SOTALOL AF.....	39
SCALACORT DK.....	82	SIMLIYA (28).....	60	SOTYLIZE.....	39
SCLEROSOL INTRAPLEURAL.....	208	SIMPESSE.....	60	SOVALDI.....	165
<i>scopolamine base</i>	8	SIMPONI.....	167	SPACE CHAMBER.....	18
SECONAL SODIUM.....	29	<i>simvastatin</i>	46, 47	SPACE CHAMBER PLUS.....	18
SECUADO.....	28	SINGLE-LET.....	186	SPACE CHAMBER WITH LARGE	
<i>selegiline hcl</i>	242	SINUSTAR AEROSOL.....	17	MASK.....	18
<i>selenium sulfide</i>	83, 84	<i>sirolimus</i>	148	SPACE CHAMBER WITH	
SELF-CATHETER, FEMALE.....	181	SIRTURO.....	157	MEDIUM MASK.....	18

SPACE CHAMBER WITH SMALL MASK.....	18	<i>sucralfate</i>	256	SYMLINPEN 120.....	93
SPECTRAGEL.....	180	<i>sulconazole</i>	73	SYMLINPEN 60.....	93
SPEEDICATH (FEMALE).....	181	<i>sulfacetamide sodium</i>	84, 120	SYMPAZAN.....	243
<i>spinosad</i>	73	<i>sulfacetamide sodium (acne)</i>	68	SYMTUZA.....	159
SPIRIVA RESPIMAT.....	8	<i>sulfacetamide sodium-sulfur</i>	74	SYNALAR CREAM KIT.....	82
SPIRIVA WITH HANDIHALER.....	8	<i>sulfacetamide sod-sulfur-urea</i>	74	SYNALAR OINTMENT KIT.....	82
<i>spironolactone</i>	42	<i>sulfacetamide-niacinamide</i>	74	SYNALAR TS.....	82
<i>spironolactone-niacinamide</i>	68	<i>sulfacetamide-prednisolone</i>	120	SYNAREL.....	113
<i>spironolacton-hydrochlorothiaz</i>	42	<i>sulfacetamide-sulfur-cleansr23</i>	74	SYNDROS.....	7
SPRAVATO.....	20	<i>sulfadiazine</i>	174	SYNERA.....	89
SPRAY AND STRETCH.....	89	<i>sulfamethoxazole-trimethoprim</i>	148	SYNJARDY.....	96
SPRINTEC (28).....	60	SULFAMYLON.....	74, 75	SYNJARDY XR.....	97
SPRITAM.....	249	<i>sulfasalazine</i>	174	SYNRIBO.....	208
SPRYCEL.....	206	SULFATRIM.....	148	SYNTHROID.....	115
SPS (WITH SORBITOL).....	107	<i>sulindac</i>	173	SYRINGE AVITENE.....	138
SRONYX.....	60	SUMADAN XLT.....	75	SYZYGIUM COMPOSITUM.....	216
SSD.....	74	<i>sumatriptan</i>	236	T.E.D. ANTI-EMBOLISM	
SSKI.....	114	<i>sumatriptan succinate</i>	236	STOCKING.....	225
SSS 10-5.....	74	SUNOSI.....	30	T.E.D. KNEE LENGTH-M-LONG...225	
ST JOSEPH ASPIRIN.....	136	SUNRISE COMPRESSOR-NEBULIZER.....	18	T.E.D. KNEE LENGTH-S-REGULAR.....	225
ST. JOSEPH ASPIRIN.....	136	SUPER THIN LANCETS.....	186	T:30 INFUSION SET.....	100
<i>stavudine</i>	162	SUPRANE.....	215	T:90 INFUSION SET 23".....	100
STELARA.....	171	SUPRAX.....	149	T:90 INFUSION SET 43".....	100
STERILANCE TL.....	186	SUPREP BOWEL PREP KIT.....	178	T:FLEX.....	100
STERILE HYDROGEL FOR JELMYTO.....	215	SURE COMFORT INS. SYR. U-100.....	196	T:FLEX INSULIN DELIVERY PUMP.....	100
<i>sterile talc</i>	208	SURE COMFORT INSULIN SYRINGE.....	196	T:SLIM.....	101
STERITALC.....	208	SURE COMFORT LANCETS.....	186	T:SLIM G4.....	101
STIOLTO RESPIMAT.....	10	SURE COMFORT PEN NEEDLE..222		T:SLIM G4 INSULIN PUMP.....	101
STIVARGA.....	206	SURE-FINE PEN NEEDLES.....	222	T:SLIM INSULIN DELIVERY SYSTEM.....	101
STOP SMOKING AID.....	254	SURE-JECT INSULIN SYRINGE..	196	T:SLIM X2.....	101
STRATACTX.....	180	SURE-LANCE.....	186	T:SLIM X2 BASAL-IQ INSULIN PMP.....	101
STRATAGRT.....	180	SURE-LANCE ULTRA THIN.....	186	T:SLIM X2 CONTROL-IQ.....	101
STRATAXRT.....	180	SURE-T INFUSION SET.....	189	T:SLIM X2 INSULIN PUMP.....	101
STRAVIX.....	224	SURE-T PARADIGM.....	100	TABLOID.....	202
STRENSIQ.....	217	SURE-TOUCH LANCET.....	186	TABRECTA.....	206
STRIBILD.....	164	SURFAXIN.....	226	TACHOSIL.....	138
STRIVERDI RESPIMAT.....	9	SURVANTA.....	226	<i>tacrolimus</i>	91, 148
STRONG IODINE.....	69, 114	SUSTIVA.....	162	<i>tacrolimus-hyaluronate-niacin</i>	91
SUBSYS.....	234	SUTAB.....	178	<i>tacrolimus-niacinamide</i>	91
SUBVENITE.....	249	SUTENT.....	206	<i>tacrolimus-vehicle base no.238</i>	91
SUBVENITE STARTER (BLUE) KIT.....	249	SYEDA.....	60	<i>tadalafil</i>	109
SUBVENITE STARTER (GREEN) KIT.....	249	SYLATRON.....	204	<i>tadalafil (pulm. hypertension)</i>	42
SUBVENITE STARTER (ORANGE) KIT.....	249	SYMAX DUOTAB.....	256	TAFINLAR.....	202
SUCRAID.....	255	SYMBICORT.....	10	TAGRISSO.....	206
		SYMDEKO.....	226	TAKE ACTION.....	60
		SYMJEPI.....	200		

TAKHZYRO	173	<i>tetrabenazine</i>	211	<i>tobramycin with nebulizer</i>	156
TALICIA	257	<i>tetracaine hcl</i>	119	<i>tobramycin-dexamethasone</i>	117
TALZENNA	206	<i>tetracaine hcl (pf)</i>	119	TOBREX	121
<i>tamoxifen</i>	209	<i>tetracycline</i>	155	TODAY CONTRACEPTIVE	
<i>tamsulosin</i>	260	TEXACORT	82	SPONGE	51
TARGRETIN	88	THALOMID	156	TOLAK	88
TARINA 24 FE	60	THEO-24	18	<i>tolcapone</i>	242
TARINA FE 1/20 (28)	61	THEOCHRON	18	<i>tolmetin</i>	173
TARINA FE 1-20 EQ (28)	61	<i>theophylline</i>	18	TOLSURA	155
TASIGNA	206	THIN LANCETS	186	<i>tolterodine</i>	262
<i>tavaborole</i>	73	THINPRO INSULIN SYRINGE	197	<i>tolvaptan</i>	106
TAVALISSE	137	THIOLA	260	TOPAMAX	250
<i>tazarotene</i>	90	THIOLA EC	260	TOPCARE CLICKFINE	222
<i>tazarotene-niacinamide</i>	70	<i>thioridazine</i>	29	TOPCARE ULTRA COMFORT	197
TAZORAC	91	<i>thiothixene</i>	28	TOPCARE UNIVERSAL1 LANCET	
TAZTIA XT	41	THRESHOLD IMT TRAINER	18	.....	186
TAZVERIK	203	THRESHOLD PEP DEVICE	18	<i>topiramate</i>	250
TDVAX	145	THROMBI-GEL	138	<i>toremifene</i>	209
TECHLITE INSULIN SYR HALF		THROMBIN-JMI	138	TORONOVA II SUIK	173
UNIT	197	THROMBI-PAD	138	TORONOVA SUIK	173
TECHLITE INSULIN SYRINGE	197	THYROLAR-1	115	<i>torseamide</i>	41
TECHLITE LANCETS	186	THYROLAR-1/2	115	TOUCH-TROL	181
TECHLITE PEN NEEDLE	222	THYROLAR-1/4	115	TOUJEO MAX U-300 SOLOSTAR	104
TEGRETOL	249	THYROLAR-2	115	TOUJEO SOLOSTAR U-300	
TEGRETOL XR	249	THYROLAR-3	115	INSULIN	105
TEGSEDI	199	TIADYLT ER	41	TOVIAZ	262
TEKTRUNA HCT	43	<i>tiagabine</i>	249	TPOXX (NATIONAL STOCKPILE)	160
TELCARE LANCETS	186	TIBSOVO	207	TRACLEER	42
<i>telmisartan</i>	37	TIGLUTIK	211	TRADJENTA	93
<i>telmisartan-amlodipine</i>	36	TILIA FE	61	<i>tramadol</i>	234
<i>telmisartan-hydrochlorothiazid</i>	36	<i>timol-brimon-dorzo-latanop(pf)</i>	123	<i>tramadol-acetaminophen</i>	239
<i>temazepam</i>	30	<i>timolol maleate</i>	39, 124	<i>trandolapril</i>	37
TEMIXYS	161	<i>timolol maleate (pf)</i>	124	<i>trandolapril-verapamil</i>	34
<i>temozolomide</i>	201	<i>timolol-brimonidi-dorzolam(pf)</i>	124	<i>tranexamic acid</i>	128
TENCON	227	<i>timolol-dorzolamid-latanop(pf)</i>	124	<i>tranylcypromine</i>	20
TENIVAC (PF)	145	<i>timolol-latanoprost(pf)</i>	124	TRANZAREL	89
<i>tenofovir disoproxil fumarate</i>	163	TIMOPTIC OCUDOSE (PF)	124	<i>travoprost</i>	124
TENS 502	182	<i>tinidazole</i>	158	<i>trazodone</i>	21
TENS 504	182	TISSEEL VHSD (APROTININ,		TRECTOR	156
<i>terazosin</i>	35	SYN)	225	TRELEGY ELLIPTA	11
<i>terbinafine hcl</i>	155	TIS-U-SOL PENTALYTE	85	TREMFYA	90
<i>terbutaline</i>	9	TIVICAY	164	<i>treprostinil sodium</i>	43
<i>terconazole</i>	262	TIVICAY PD	164	TRESIBA FLEXTOUCH U-100	105
TERRELL	215	<i>tizanidine</i>	253	TRESIBA FLEXTOUCH U-200	105
TERSI FOAM	84	TOBI PODHALER	156	TRESIBA U-100 INSULIN	105
TERUMO INSULIN SYRINGE	197	TOBRADEX	117	<i>tretinoin</i>	70
<i>testosterone</i>	139, 140	TOBRADEX ST	117	<i>tretinoin (antineoplastic)</i>	208
<i>testosterone cypionate</i>	139	<i>tobramycin</i>	121, 156	<i>tretinoin microspheres</i>	69, 70
<i>testosterone enanthate</i>	139	<i>tobramycin in 0.225 % nacl</i>	156	<i>tretinoin-benzoyl-clinda-niac</i>	68

<i>tretinoin-clindamycin-niacin</i>	68	<i>tropic-propraracai-pe-ketor-wat</i>	126	ULTILET LANCETS	186
<i>tretinoin-clinda-spiro-niacin</i>	68	<i>tropium</i>	262	ULTILET PEN NEEDLE	222
<i>tretinoin-hyaluronate-niacin</i>	68	TRUE COMFORT INSULIN		ULTILET SAFETY LANCETS	187
<i>tretinoin-niacinamide</i>	68	SYRINGE	197	ULTRA CMFT INS SYR HALF	
<i>tretinoin-spiro-niacin</i>	68	TRUE COMFORT LANCET	186	UNIT	198
TRETIN-X	70	TRUE COMFORT PEN NEEDLE ..	222	ULTRA COMFORT INSULIN	
TRETTEN	132	TRUEPLUS INSULIN	198	SYRINGE	199
TREXALL	202	TRUEPLUS LANCETS	186	ULTRA FINE LANCETS	187
TRI FEMYNOR	61	TRUEPLUS PEN NEEDLE	222	ULTRA FLO INSULIN SYRINGE ..	199
<i>triamcinolone acetone</i>	82, 83, 212	TRULICITY	92	ULTRA FLO PEN NEEDLE	222
<i>triamcinolone-niacinamide</i>	83	TRUNEB NEBULIZER	18	ULTRA THIN II LANCETS	187
<i>triamterene</i>	42	TRUSKIN	224	ULTRA THIN LANCETS	187
<i>triamterene-hydrochlorothiazid</i>	42	TRUSTEEL INFUSION SET 23" ..	101	ULTRA THIN PEN NEEDLE	222
<i>triazolam</i>	30	TRUSTEEL INFUSION SET 32" ..	101	ULTRA THIN PLUS LANCETS	187
TRIDERM	83	TRUVADA	161	ULTRA TLC LANCETS	187
<i>trientine</i>	218	TRUZONE PEAK FLOW METER ...	18	ULTRACARE INSULIN SYRINGE ..	199
TRI-ESTARYLLA	61	TUKYSA	206	ULTRA-CARE LANCETS	187
<i>trifluoperazine</i>	29	TULANA	61	ULTRACARE PEN NEEDLE	223
<i>trifluridine</i>	119	TURALIO	207	ULTRAFOAM	138
<i>trihexyphenidyl</i>	240	TUSSICAPS	64	ULTRALANCE LANCETS	187
TRIKAFTA	226	TUXARIN ER	64	ULTRASAL-ER	86
TRI-LEGEST FE	61	TUZISTRA XR	65	ULTRA-THIN II (SHORT) INS SYR	
TRILEPTAL	250	TWINRIX (PF)	146	.....	199
TRI-LINYAH	61	TWIRLA	62	ULTRA-THIN II (SHORT) PEN	
TRILOAN II SUIK	170	TWIST LANCETS	186	NDL	223
TRILOAN SUIK	170	TYBLUME	61	ULTRA-THIN II INS PEN	
TRI-LO-ESTARYLLA	61	TYBOST	164	NEEDLES	223
TRI-LO-MARZIA	61	TYDEMY	61	ULTRA-THIN II INSULIN	
TRI-LO-MILI	61	TYKERB	207	SYRINGE	199
TRI-LO-SPRINTEC	61	TYMLOS	111	ULTRA-THIN II LANCETS	187
TRILYTE WITH FLAVOR		TYVASO	43	UMECTA	86
PACKETS	178	TYVASO INSTITUTIONAL START		UNIFINE PENTIPS	223
<i>trimethobenzamide</i>	8	KIT	43	UNIFINE PENTIPS MAXFLOW	223
<i>trimethoprim</i>	150	TYVASO REFILL KIT	43	UNIFINE PENTIPS PLUS	223
TRI-MILI	61	TYVASO STARTER KIT	43	UNIFINE PENTIPS PLUS	
<i>trimipramine</i>	23	TYZINE	66	MAXFLOW	223
TRI-MIX (PAPAVRN-PHNTLMN-		UBRELVY	236	UNILET COMFORTOUCH	
PGE1)	109	UCERIS	176	LANCET	187
TRIMO-SAN JELLY	262	UDENYCA	135	UNILET EXCELITE II LANCET	187
TRINTELLIX	22	ULESFIA	73	UNILET EXCELITE LANCET	187
TRI-PREVIFEM (28)	61	ULTICARE	198	UNILET GP LANCET	187
TRI-SPRINTEC (28)	61	ULTICARE INSULIN SYR HALF		UNILET LANCET	187
TRIUMEQ	164	UNIT	198	UNILET LANCETS	187
TRIVORA (28)	61	ULTICARE INSULIN SYRINGE	198	UNILET SUPER THIN LANCETS ..	187
TRI-VYLIBRA	61	ULTICARE PEN NEEDLE	222	UNISTIK 3 COMFORT LANCET ...	187
TRI-VYLIBRA LO	61	ULTIGUARD SAFE PACK	222	UNISTIK 3 EXTRA LANCET	187
TROKENDI XR	250	ULTILET BASIC LANCETS	186	UNISTIK 3 GENTLE	187
<i>tropicamide</i>	126	ULTILET CLASSIC LANCETS	186	UNISTIK 3 LANCETS	187
		ULTILET INSULIN SYRINGE	198	UNISTIK 3 NORMAL LANCET	187

UNISTIK CZT LANCET	187	VASELINE WHITE PETROLEUM... 87	VIXONE NEBULIZER-PEDIATRIC
UNISTIK PRO LANCET	187	VASHE WOUND THERAPY	MSK..... 18
UNISTIK SAFETY	187	VAXCHORA BUFFER	VIZIMPRO..... 207
UNISTIK TOUCH LANCETS	187	COMPONENT	VOLNEA (28)..... 62
UNITHROID	115	VCF CONTRACEPTIVE FILM..... 51	VONVENDI..... 130
UNIVERSAL 1 LANCETS	188	VCF CONTRACEPTIVE GEL..... 51	<i>voriconazole</i> 155
UPNEEQ..... 120		VECAMYL..... 37	VOSEVI..... 165
UPTRAVI..... 43		VELIVET TRIPHASIC REGIMEN	VOTRIENT
URAMAXIN	86	(28)..... 62	VRAYLAR..... 26
URAMAXIN GT..... 86		VELPHORO	VUMERITY..... 210
<i>urea</i> 87		VELTASSA..... 107	VYFEMLA (28)..... 62
UREA NAIL STICK..... 87		VELMIDY..... 165	VYLEESI..... 29
URETRON D-S..... 150		VENCLEXTA..... 207	VYLIBRA..... 62
URIMAR-T..... 150		VENCLEXTA STARTING PACK... 207	VYNDAMAX..... 49
URIN DS..... 150		<i>venlafaxine</i> 22	VYNDAQEL..... 49
URO-458..... 150		VENTAVIS..... 43	VYVANSE..... 24
UROGESIC-BLUE..... 150		<i>verapamil</i> 41	VYZULTA..... 124
URO-MP..... 150		VERIFINE PEN NEEDLE	WAKIX..... 30
UROQID-ACID NO.2..... 261		VERSACLOZ..... 28	<i>warfarin</i> 127
<i>ursodiol</i> 177		VERTIGOHEEL..... 216	<i>water for irrigation, sterile</i> 85
USTELL..... 150		VERZENIO..... 207	WERA (28)..... 62
VAGINAL CONTRACEPTIVE FILM 51		V-GO 20..... 101	WESTHROID..... 115
VAGINAL CONTRACEPTIVE		V-GO 30..... 101	WIDE-SEAL DIAPHRAGM 60..... 62
FOAM..... 51		V-GO 40..... 101	WIDE-SEAL DIAPHRAGM 65..... 62
<i>valacyclovir</i> 160		VIBERZI..... 175	WIDE-SEAL DIAPHRAGM 70..... 63
VALCHLOR..... 88		VIBRAMYCIN..... 155	WIDE-SEAL DIAPHRAGM 75..... 63
<i>valganciclovir</i> 160		VICODIN HP..... 239	WIDE-SEAL DIAPHRAGM 80..... 63
<i>valproic acid</i> 250		VICTOZA 2-PAK..... 93	WIDE-SEAL DIAPHRAGM 85..... 63
<i>valproic acid (as sodium salt)</i> 250		VICTOZA 3-PAK..... 93	WIDE-SEAL DIAPHRAGM 90..... 63
<i>valsartan</i> 37		VIENVA..... 62	WIDE-SEAL DIAPHRAGM 95..... 63
<i>valsartan-hydrochlorothiazide</i> 36		<i>vigabatrin</i> 250	WILATE..... 130
VALTOCO..... 243		VIGADRONE..... 250	WILLIS THE WHALE
<i>vancomycin</i> 157		VIIBRYD..... 22	COMPRESSR NEB..... 18
VANDAZOLE..... 262		VIMPAT..... 250	WINTERGREEN OIL..... 85
VANISHPOINT INSULIN		VIOKACE..... 255	WYMZYA FE..... 62
SYRINGE..... 199		VIORELE (28)..... 62	XADAGO..... 242
VANISHPOINT SYRINGE..... 199		VIRACEPT..... 163	XALIX..... 87
VANOXIDE-HC..... 68		VIREAD..... 163	XALKORI..... 207
VAPRO PLUS INTERMITT		VIRTUSSIN AC..... 66	XARELTO..... 131
CATHETER..... 181		VIRTUSSIN DAC..... 64	XARELTO DVT-PE TREAT 30D
VAQTA (PF)..... 146		VISTASEAL-FIBRIN SEALANT 138	START..... 131
VARISOFT INFUSION SET 23" 101		VISTOGARD..... 208	XATMEP..... 202
VARISOFT INFUSION SET 32" 101		VITAMIN K..... 139	XCLAIR..... 84
VARISOFT INFUSION SET 43" 101		VITAMIN K1..... 139	XCOPRI..... 251, 252
VARITHENA ADMINISTRATION		VITRAKVI..... 207	XCOPRI MAINTENANCE PACK... 251
PACK..... 188		VIVAGUARD LANCET..... 188	XCOPRI TITRATION PACK..... 252
VARIVAX (PF)..... 146		VIXONE NEBULIZER..... 18	XELJANZ..... 171
VARUBI..... 8		VIXONE NEBULIZER-ADULT	XELJANZ XR..... 171
VASCEPA..... 49		MASK..... 18	XELPROS..... 125

XEMBIFY	143	ZOLINZA	207
XENICAL	265	<i>zolmitriptan</i>	237
XENLETA	153	<i>zolpidem</i>	31
XEPI	71	ZOMIG	237
XERMELO	176	ZONEGRAN	252
XHANCE	6	<i>zonisamide</i>	252
XIFAXAN	157	ZONTIVITY	136
XIGDUO XR	97	ZORBTIVE	113
XIIDRA	121	ZORTRESS	148
XOFLUZA	160	ZOSTAVAX (PF)	146
XOSPATA	207	ZOVIA 1/35E (28)	62
XPOVIO	208	ZOVIA 1-35 (28)	62
XTAMPZA ER	234, 235	Z-TUSS AC	65
XTANDI	201	ZUBSOLV	239
XULANE	62	ZUMANDIMINE (28)	62
XULTOPHY 100/3.6	96	ZYDELIG	207
XURIDEN	126	ZYKADIA	207
XYLON 10	228	ZYLET	117
XYNTHA	130	ZYPITAMAG	47
XYNTHA SOLOFUSE	130	ZYPRAM	175
XYOSTED	140	ZYTIGA	201
XYREM	26		
XYWAV	26		
YONSA	201		
YUVAFEM	263		
<i>zafirlukast</i>	12		
<i>zaleplon</i>	31		
ZARAH	62		
ZARONTIN	252		
ZARXIO	135		
ZEBUTAL	227		
ZEJULA	207		
ZELAPAR	242		
ZELBORAF	202		
ZEMAIRA	201		
ZENATANE	66		
ZENPEP	255		
ZENZEDI	24, 25		
ZEPOSIA	210		
ZEPOSIA STARTER KIT	211		
ZEPOSIA STARTER PACK	211		
<i>zidovudine</i>	162		
ZIEXTENZO	135		
<i>zinc oxide</i>	87		
ZIOPTAN (PF)	125		
<i>ziprasidone hcl</i>	28		
ZIRGAN	119		
ZITHRANOL	91		
ZOHYDRO ER	235		